

REG JUN 7 1943  
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**General Hospital #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3/30-5/22/43**  
(Specify whether  
In this community **22 Years**  
years, months or days)

3. (a) PRINT FULL NAME **GORDON DIGGS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **490-16-1026**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice Diggs** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **October 20 1891**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>51</b>	<b>7</b>	<b>2</b>	hr. _____ min.

9. Birthplace **Cooper County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Add Diggs**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Freeman**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **5/27/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Ben. Matthews Bros.**

18. (a) Signature of funeral director **Matthews Bros.**

(b) Address **1729 Lyden**

19. (a) **5-26-43** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2502 E. 23rd Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22** year **1943** hour **I** minute **25A** M.

21. I hereby certify that I attended the deceased from **May March 30 1943** to **May 22 1943** that I last saw him alive on **May 22 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia** Duration \_\_\_\_\_

Due to **Charcot's Joint (Post Operative)**

Due to **30a**

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature **W. H. Brown** (M. D. number) \_\_\_\_\_

Address **Gen. Hosp. #2 600 E. 23rd St.** Date signed **5-24-43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Jerome McElroy*  
.....  
Licensed Embalmer No. *3984*  
.....  
P. O. Address *2573 Highland*  
.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**