

SEP 7 1943  
 Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 3685

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:  
3311 Askew Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ---  
(Specify whether  
 In this community 12 Years  
years, months or days)

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. 3311 Askew Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ---

3. (a) PRINT FULL NAME Miss Mary Marguerite Diersen  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 23rd  
 year 1943 hour 7 minute 35 P. M.  
 21. I hereby certify that I attended the deceased from Jan 1943  
 to Aug 23, 1943,  
 that I last saw him alive on Aug 23, 1943,  
 and that death occurred on the date and hour stated above.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife ---  
 (c) Age of husband or wife if alive --- years  
 7. Birth date of deceased: February 19 1928  
(Month) (Day) (Year)

Immediate cause of death Respiratory failure  
 Due to Encephalitis of virus origin  
 Due to Infection from unknown source  
 Other conditions None  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
15 6 5 hr. min.

9. Birthplace Independence Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Sophomore

11. Industry or business Central High School

MOTHER FATHER  
 12. Name Otto F. Diersen  
 13. Birthplace Crete Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Pearl White  
 15. Birthplace Agricola Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant O. J. Diersen  
 (b) Address 3311 Askew

17. (a) Burial (b) Date thereof Aug. 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sene  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 8-26-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations 37c  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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) (e) Means of injury  
 23. Signature E. T. Gibson, M. D. (M. D. or other)  
 Address 1228 Prof. Bldg. Kansas City Mo. Date signed 8/24/43

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

1288 Professional Bldg.  
11:30.2

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

**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.**