S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33760

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4466

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:
2428 Troost /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2428 Troost
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country XX

3. (a) PRINT FULL NAME Karl A. Dietz

3. (b) If veteran, name war Yes

3. (c) Social Security No. Unknown

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife unknown.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 6, 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	6	15	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name August Dietz
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Maddalela Gutzler
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Rudolf Dietz
(b) Address Lawarence Ksl Route 6.

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 10/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lawarnce, Kans.

18. (a) Signature of funeral director Rumsey Funeral Home
(b) Address Lawarance. Kans.

19. (a) 10-21-43 (Date received local registrar) (b) P. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1943 hour 1:15 minute M.

21. I hereby certify that I attended the deceased from Coroner, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage

Due to Pulmonary tuberculosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13/21

Of autopsy see above

Duration

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

23. Signature O. Hetch 3/8/43 (M.D. or other)
Address Clew Date signed

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1944

NOV 20 1944

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 F. L. Walton

Licensed Embalmer No. 2744

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.