

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED FEB 24 1944
Registration District No. 147

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:
5724 Central, St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 62 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 5724 Central, St. ⁸
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. Martha C. Dibble

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
year 1944 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Le Roy Dibble

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

7. Birth date of deceased: November 18 1845
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1944 to Feb 6, 1944

that I last saw her alive on Feb 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis - yrs.

8. AGE: Years Months Days If less than one day

98 2 18 hr. _____ min.

Due to arterio sclerosis

Due to old age

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace Lawrence Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired, Physician

PHYSICIAN

Major findings: none

Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER { 12. Name Don't Know

FATHER { 13. Birthplace Don't Know ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. C. Cleveland

(b) Address 5724 Central, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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? _____

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 2-8-44 (b) M. C. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. P. Schaefer (M. D. or other)

Address 4000 Baltimore St. Kansas City, Mo. ^{2/7/44}

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..... *Elmer C. Wideler*

Licensed Embalmer No. *3495*

P. O. Address *H. 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.