S. No. 2
0M—2-43
y. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6023

Registrar's No. 833

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Neurological 27th + Paseo

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-29-to 2-20-44 (Specify whether)

In this community same (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 48

(c) City or town Brunswick 2

(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Ida Difani

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Difani

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

7. Birth date of deceased Nov 29 1876 (Month) (Day) (Year)

8. AGE: 67 Years 67 Months 2 Days 21 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Druggist

11. Industry or business self

FATHER
12. Name Charles Schuchman
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Amanda Schamburg
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant L. W. Heisel

(b) Address Brunswick Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn N.C. Mo

19. (a) 2-21-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 29, 1944 to Feb 20, 1944 that I last saw her alive on Feb 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Not Epidemic Type. Duration 3 wks 1 day

Due to Infection of Brain

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. Wilbert Johnson (M. D. or other)

Address 2625 Paseo K.C. Mo Date signed 2-29-44

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1948

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 Dwight O. Browning

Licensed Embalmer No. 2725

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.