

FILED DEC 4 1944  
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. ST JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution. 6 HOURS  
(Specify whether) 0  
In this community 7 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. KANSAS (b) County. JOHNSON  
(c) City or town. KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5420 STATE PARK ROAD  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS PAULINE W LANGFORD DIEHY  
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, MARRIED  
7. (b) Name of husband or wife AUGUST F. DIEHY 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased. JULY 19 1916  
(Month) (Day) (Year)

8. AGE: Years 29 Months 28 Days 24 If less than one day 42 hr. 20 min.

9. Birthplace. BARSTOW FLORIDA  
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

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

MOTHER FATHER { 12. Name. PAUL LANGFORD  
13. Birthplace. LANE OF WALES FLORIDA  
(City, town, or county) (State or foreign country)  
14. Maiden name. MILDRED  
15. Birthplace. MT CARMEL ILLINOIS  
(City, town, or county) (State or foreign country)

16. Informant. August D. Newcomer

17. (a) CREMATION (b) Date thereof. NOV 22 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. D.W. NEWCOMERS SONS

18. (a) Signature of funeral director. D.W. Newcomer's son  
(b) Address. 1401 BRUSH GREEN BLVD.

19. (a) 11-21-44 (b) P-E Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19  
year 1944 hour 4 minute 30 P  
21. I hereby certify that I attended the deceased from MAY 13  
1944 to MAY 17 1944  
that I last saw her alive on MAY 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Ruptured ectopic (Right) ovary  
Pregnancy  
Due to no delivery

Other conditions. (Include pregnancy within 3 months of death) 142 lb

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Specify means of injury)  
23. Signature. Edmund [Signature] (M. D. or other)  
Address 1032 [Address] Date signed 11/19/44

**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 H. H. H.*

Licensed Embalmer No.....  
*1767*

P. O. Address.....  
*Kansas City*

**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.**