

ED JAN 21 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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:  
**916 FOREST 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 **18 YEARS** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **JACKSON MO**  
(c) City or town **KANSAS CITY** 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. **916 FOREST AVENUE** 8  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs E. VOIRA CATHERINE DIEGELMAN BLUE**

3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **497-26-4216**

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **FRA** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **MARCH 31 - 1891**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>54</b>	<b>8</b>	<b>29</b>	hr. _____ min.

9. Birthplace **CHILWICOTHE MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

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

12. Name **WILLIAM B. DIEGELMAN**

13. Birthplace **SCRANTON, PENN**  
(City, town, or county) (State or foreign country)

14. Maiden name **FRANCISCE TOXBLE**

15. Birthplace **FOYDPAAC, WISCONSIN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William B. Diegelman**

(b) Address **Scranton Penn**

17. (a) **Burial** (b) Date thereof **Jan 2 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **May Ann Spuler no.**

18. (a) Signature of funeral director **W. H. Newcomb**

(b) Address **1401-BRUSH CREEK BLDG**

19. (a) **12-31-45** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **30th**  
year **1945** hour **8** minute **0** M.

21. I hereby certify that I attended the deceased from **10-8** 19**45** to **12-30** 19**45**  
that I last saw him alive on **12-20** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral (Brain) Hemorrhage.** Duration \_\_\_\_\_

Due to **Extreme Hypertension**

Due to **Chronic interstitial Nephritis**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **1312**

Of autopsy **none**

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 **Earl Van Jones** (M.D. or other) **No.**  
Address **100 1/2 S. Oak** Date signed **12-31-45**

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

100232

100 1/2  
10-5-  
W. H. Papp

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**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 Carl Papp

Licensed Embalmer No. 3458

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.**