No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37113

State File No.

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1435

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 hours (Specify whether

In this community: 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No.: 1712 South 9th St 7 (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Ara Lee Dietderich

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: William

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: January 7 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 20 If less than one day ... hr. ... min.

9. Birthplace: LinnCounty, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: Frank Dodge
13. Birthplace: unknown unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Julia Wilson
15. Birthplace: unknown unknown- 9 (City, town, or county) (State or foreign country)

16. (a) Informant: William Dietderich

(b) Address: 1712 So 9th St, St. Joe, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-30-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Wathena, Kansas

18. (a) Signature of funeral director: Barry Funeral Home

(b) Address: St. Joseph, Mo.

19. (a) 12-9-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 38 D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1947 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from November 27, 1947 to November 27, 1947 that I last saw her alive on November 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio vascular renal disease	unknown
Due to	
Due to	
Other conditions: unknown (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none 37 D
Of autopsy: none

PHYSICIAN

Underline the cause of 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: 0

23. Signature: Carol W. D. Craig (M. D. ~~or other~~)

Address: The Tootle Bldg. St. Joseph, Mo. Date signed: 11-28-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barny

Licensed Embalmer No. 4212

P. O. Address St Josephs 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.