

FILED DEC 15 1947  
Registrar's District No. ....

Primary Registration District No. 1002

Registrar's No. 5136

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 General Hospital No. 1 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days)  
In this community 25 years  
(Specify whether years, months or days)

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") 8  
(d) Street No. 3423 Harrison  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Pearl Riddell

3. (b) If veteran, name war NO 3. (c) Social Security No. NE

4. Sex Male 5. Color of hair Black 6. (a) Single, widowed, married, divorced, divorced  
7. Birth date of deceased 4 - 14 - 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation apt. house manager

11. Industry or business apt. house manager

12. Name Alfred J. Diehl

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Sylvia M. Hart

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Grace Diehl

(b) Address Ottawa Kans

17. (a) (b) Date thereof 12/6/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Kans

18. (a) Signature of funeral director Steve McClure

(b) Address Kansas City Mo

19. (a) 12-6-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5  
year 1947 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 21 1947 to Dec. 5 1947  
that I last saw her alive on Dec. 5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive  
Cardio-vascular disease  
Auricular fibrillation  
Due to Cerebral thrombosis  
Thrombosis femoral arteries

Due to  
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 932

Of autopsies

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? (c) Means of injury 0  
23. Signature Wm W Hart (M. D. or other) M.D.  
Address Med. Dir. Gen'l Hosp 12-5-47  
Date signed

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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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.....

*Clare Sheppard*

Licensed Embalmer No. *4159*

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.