. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41636
Registrar's No. 5477

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 15 days (Specify whether
In this community 45 years
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")
(d) Street No. 2800 E. 10 St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Minnie May Diehm
3. (b) If veteran, name war No
3. (c) Social Security No. 492-26-8049
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Charles P. Diehm
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased May 11, 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	7	16	hr. min.

9. Birthplace Greencastle, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name James R. Baker
13. Birthplace Pike County, Ill. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary C. Mayes
15. Birthplace Unknonw 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Naomi Regennitter
(b) Address 3911½ Indiana, K.C.Mo.
17. (a) Burial (b) Date thereof 12-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C.Mo.
19. (a) 12-29-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1947 hour 4 minute 15 A. M.
21. I hereby certify that I attended the deceased from Dec. 12, 1947, to Dec. 27, 1947;
that I last saw her alive on Dec. 27, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: 46 K
Of operations
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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 12-27-47

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 Donald M. Mallatt, Registered Apprentice No. 75, working under my personal supervision.

Signed Glen E. Beck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Ohio

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.