FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11551

Primary Registration District No. 1000

Registrar's No. 516

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: 2506 So. 10th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) 50 years
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2506 So. 10th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Pearl Clover Didlo
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: Widowed
6. (b) Name of husband or wife: Alfred Didlo
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 15 (Day) 1876 (Year)

8. AGE: Years 71 Months 6 Days 16 If less than one day: hr. min.
9. Birthplace: Rosendale (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home
FATHER
12. Name: Harmon Gaemlich
13. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name: Adelia Catherine Phillips
15. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Harold Didlo
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Waton Bowman
(b) Address: St. Joseph, Mo.
19. (a) 5-6-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1948 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from July 18, 1945 to May 1, 1948; that I last saw her alive on April 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Rectum and Vaginal Wall	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

49C

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: E. H. Werner (M. D. or other)
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed: 5-3-48

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

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

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 James B. Hawkins Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph, M

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.