

3-300
10-47
17-39
3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36484

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4102

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: Research O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs. (Specify whether
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME Loeta Mae Deibler
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gilbert Deibler 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Nov. 25 1912 (Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Blain, Kansas (City, town, or county) (State or foreign country) 1

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name August Barger
13. Birthplace Wheaton Kansas (City, town, or county) (State or foreign country) 1
14. Maiden name Ella Booth
15. Birthplace Americus Kansas (City, town, or county) (State or foreign country) 1

16. (a) Informant Gilbert Deibler
(b) Address Manhattan Kansas
17. (a) Removal (b) Date thereof 10-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Manhattan Kansas

18. (a) Signature of funeral director B. A. Fulton
(b) Address Kansas City, Kansas
19. (a) 10-29-48 (Date received local registrar) (b) Gertrudine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Manhattan (If outside city or town limits, write "RURAL") 14
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 26 1948, to Oct 27 1948 and that death occurred on the date and hour stated above. Oct. 26 1948

Immediate cause of death Diabetic Acidosis Duration 12 hrs.

Due to Congenital Cystic Disease of Pancreas
Due to 52 a

Other conditions Congenital Cystic Disease of Kidneys, Cysts of Cerebellum, and Tumors of Cerebellum
Major findings: hypernephroma & hemangio-blastoma of kidneys & cerebellum
Of autopsy as listed above

PHYSICIAN Underline the cause to 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

While at work? _____ (Specify type of place) (c) Means of injury Donald F. Coburn
23. Signature Donald F. Coburn (M. D. or other)
Address 221 Playa View Bldg Date signed 10-27-48

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

P. J. Tilton

Licensed Embalmer No. *3503*

P. O. Address. *X. C. Ka*

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.