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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36490  
4435  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Loretto Academy, 39th & Roanoke  
(d) Length of stay: In hospital or institution XX  
In this community 7 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  
(d) Street No. Loretto Academy, 39th & Roanoke  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME SISTER MAGDALENE DIETZ  
3. (b) If veteran, name war XX  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 31st  
year 1948 hour 2: minute 35 P. M.  
21. I hereby certify that I attended the deceased from 2. 2. 1946 to 10. 31 1948  
that I last saw him alive on 10. 30 1948  
and that death occurred on the date and hour stated above.

4. Sex Fe / 5. Color or race Wh  
6. (b) Name of husband or wife XX  
6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased December 31 1857  
(Month) (Day) (Year)

Immediate cause of death Decompensated heart  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) 95

8. AGE: Years Months Days If less than one day  
90 10 0 hr. mip.

9. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation Sister of Loretto

11. Industry or business  
12. Name Geo. A. Dietz  
13. Birthplace Bavaria 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna M. Sattig  
15. Birthplace Bavaria 4  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: Of operations  
Of autopsy

16. (a) Informant Sister Marie Lourde  
(b) Address 39th and Roanoke  
17. (a) Burial (b) Date thereof 11-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. St. Mary's  
18. (a) Signature of funeral director J. W. Wagner  
(b) Address Kansas City, Mo.  
19. (a) 11-1-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature T. S. Bourke (M. D. certifier)  
Address Kansas City Date signed 11.1.48

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

MOTHER FATHER

11-3345  
Ample

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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 Abraham R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address Kansas City

**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.**