MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27213

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 3471
Township Kaw — Primary Registration District No. ..... — Registered No. 3471
City Kansas City (No. Research Hospt St. 3 Ward)

2. FULL NAME Anna Kate Tebbenkamp
(a) Residence. No. ..... St., ... Ward. Higgensville Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fritz Febbenkamp

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 20 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Pittsburg
(STATE OR COUNTRY): Pa.

PARENTS
10. NAME OF FATHER: John Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Louise Wassman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Edna Febbenkamp
(Address) 5530 Crestwood Drive

15. FILED 9-10 1927 M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 10 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Sept. 10, 1927 that I last saw her alive on Sept. 10 -, 1927, and that death occurred, on the date stated above, at 8.45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Coma,
59
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Diabetes gangrene.
(duration) 5 (?) yrs. ..... mos. ..... ds.

57

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 9/10/27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Lab. + Clinical
(Signed) Donald R Black, M. D
9/10, 1927 (Address) 743 Lathrop Bldg. K.C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Removal Higginsville — DATE OF BURIAL: Sept 10 27

20. UNDERTAKER: J.W. Wagner — ADDRESS: 1409 Grand Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.