

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

34846

Do not use this space.

182

Registered No.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 107  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_  
 (c) City Kansas City, Mo. (d) Street No. Research Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Mrs. Mary Margaret Weber

(a) Residence, No. 1030 Forest St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mack Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1884

7. AGE YEARS 54 MONTHS 3 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Pius Hapfinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Annie Hartzing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mack Weber  
 (ADDRESS) 1030 Forest, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St Marys DATE Oct. 27-38

19. FUNERAL DIRECTOR (NAME) C. H. Blackman & Son  
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo

20. FILED 10-26-38 M. M. Crowe  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1938

22. I HEREBY CERTIFY, that I attended deceased from Aug 29 to Oct 24, 1938  
 I last saw her alive on Oct 24, 1938. Death is said to have occurred on the date stated above, at 11:10 m.

The principal cause of death and related causes of importance were as follows:

Acute phrenic Abscess - perforating into pleural cavity - & Septic Aemia.

Date of onset

Other contributory causes of importance: Malnutrition ascending colon

Name of operation Cesarean Date of Sept 15/38  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?  Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? ✓ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) O. D. Edwards M. D.  
 (Address) 4800 E 24th K.C. Mo.

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.

4800 E 24th St  
Rt 5949

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**