

FILED OCT 11 1940

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3787

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 St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 Days
(Specify whether)
 In this community 53 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4436 Prospect Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mrs. Cora Edna Sandbrook Ober

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Claude D. Ober 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 10 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Butler Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Sandbrook

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Catherine Huall

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant C. D. Ober

(b) Address 4436 Prospect

17. (a) Burial (b) Date thereof Sept. 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. K. Newcomer, lone

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-30-40 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th
 year 1940 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 8th
1939 to September 28th 1940
 that I last saw her alive on September 28th 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Carcinomatous Metastases from Squamous Carcinoma of the Uterus
 Due to Intoxication

Due to Carcinoma of the Uterus
 Other conditions 48
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy Autopsy

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 M. D. Hill (M. D. or other) _____
 Address 734 Quigley Date signed 9/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Kenneth P. Sipe

Licensed Embalmer No. 4128

P. O. Address 1309 Bush Road

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.