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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17264

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1926

18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town KansasCity
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5111 Baltimore 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KREBEthe, Mary Beth

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

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

6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 7, 1941 (Month) (Day) (Year)

8. AGE: Years | Months | Days 6 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name William J. Krebethe
13. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Stubbs
15. Birthplace Dodge City, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Krebethe
(b) Address 5111 Baltimore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Zuirk & Tobin
(b) Address K. C., Mo.

19. (a) May 16-1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from 5/7/41, 19__ to 5/13/41, 19__;
that I last saw her alive on 5/13/41, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia of New Born. — Duration 2 day

Due to 1 1/2

Due to 1 1/2

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not reported

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1103 [illegible] Date signed 5/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Renz

Licensed Embalmer No. 4097

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, fact should be so stated above.