

FILED NOV 13 1941

Registration District No. 299

Primary Registration District No. 1002

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:
2426 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
70 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2426 Jackson (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1941 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 2, 1941
to Sept. 28, 1941
that I last saw her alive on Sept. 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: acute cardiac dilatation 6 hrs
Duration

Due to Chronic myocardial 15 yrs.
degeneration. Severe decubitus
Due to gangrenous ulcerations 2 mos.
Fracture neck left femur 3 mos.
Other conditions: Senility
(Include pregnancy within 3 months of death)

Major findings: none 10/11/41
Of operations
Of autopsy: none 10/11/41
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) Accident
(b) Date of occurrence July 2, 1941 123
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? (Specify type of place) (e) Means of injury Fall
23. Signature: W. M. Crow (M.D. or other)
Address 800 Argyle Bldg Date signed 9/30/41

3. (a) PRINT FULL NAME

Minnie A. Tobener

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Robert H. Tobener 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Oct. 23 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Nebraska City, Nebraska 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name William W. Miller

13. Birthplace unknown Michigan 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary McCracken

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

16. (a) Informant Edward F. Tobener 1

(b) Address 2426 Jackson, K. C. Mo.

17. (a) Burial (b) Date thereof 10-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 913 Brooklyn, K. C. Mo.

19. (a) 10/1/41 (b) W. M. Crow
(Date received local registrar) (Registrar's signature)

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Daniel C. Browning
Licensed Embalmer No. 2724
P. O. Address H. C. No

- 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.