

Registration District No. 399 Primary Registration District No. 1002

48
83
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Fraake Convalescent Home # 2807 Brooklyn Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo
(Specify whether
In this community 30 Years
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") 8
(d) Street No. 2807 Brooklyn Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ----- 0

3. (a) PRINT FULL NAME Mrs. Anna Giboney

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, widowed Widowed

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

7. Birth date of deceased March 20 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 9 hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name Samuel Hackett

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Unknown

15. Birthplace Holland 4
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Ditmorey

(b) Address 101 Ea 66

17. (a) Cremation (b) Date thereof July 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-31-42 (b) Mr. M. Crowe
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 29th
year 1942 hour ----- minute ----- P. M.

21. I hereby certify that Anna Giboney died the deceased from -----, 1942; that I last saw h ----- alive on -----, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Decomposition due to diffuse cor. sclerosis & chronic myocardial infarction & aneurysmal dilatation of left ventricle - Ch. Adipose Pericarditis - Bilateral Hydrothorax & hydropericardium
Other conditions Ch. Liver - Pul. edema
(Impairment occurring within 3 months of death)
Major findings: Nephrosclerosis

Duration -----
Physician -----
Underline the cause to which death should be charged statistically.

Of operations -----
Of autopsy None 935

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 J. A. Ditmorey (S. D. or other) -----
Address ----- Date signed 7/31/42

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.....

A. C. Newcomer Jr

Licensed Embalmer No.....

4043

P. O. Address.....

A. C. Me

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.