

S. No. 2  
M-5-42  
7. 5-17-39  
VI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39700

State File No. ....

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4497

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)  
In this community 1 day

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. 1320 Harrison  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

3. (a) PRINT FULL NAME Edith Gabin  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 1st year 1942 hour 9 minute 40 A.M.

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married 3 divorced, divorced  
6. (b) Name of husband or wife Frank Horton 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased June 13 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-30-42 to 12-1-42, 19...; that I last saw her alive on 12-1-42, 19...; and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 5 Days 18 If less than one day hr. min.

Immediate cause of death Acute circulatory failure; acute pulmonary edema

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

Due to III B  
Due to

10. Usual occupation Housewife

Other conditions None  
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business same  
12. Name John Robin  
13. Birthplace Indiana (City, town, or county) (State or foreign country)

Major findings: Of operations  
Of autopsy See above

MOTHER FATHER { 14. Maiden name Elisette Bright  
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

16. (a) Informant Mrs. Frances Arfances  
(b) Address New Orleans La

(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?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cem

While at work? (Specify type of place) (e) Means of injury  
23. Signature Wm. R. Stone (M. D. or other) Med. Dir. K.C. Gen. Hospital, K.C. Mo.  
Address Date signed

18. (a) Signature of funeral director Ernest Mayberry  
(b) Address 2315 Lenox  
19. (a) 12-5-42 (Date received local registrar) (b) Dr. M. G. Brown (Registrar's signature)

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

48  
Stone

361

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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..... *Ray E. Snow* .....

Licensed Embalmer No. *2560* .....

P. O. Address *K E M* .....

**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.**