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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 24 1943

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2557

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:  
1518 East 50th Street Terrace  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community..... 37 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. 1518 East 50th Street Terrace  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mr. Wilbert Phillip Dabner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Josephine A. Dabner

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 18 1889  
(Month) (Day) (Year)

48. AGE: Years 59 Months 2 Days 16  
If less than one day ..... hr. .... min.

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

10. Usual occupation Owner & Operator

11. Industry or business Dabner's Grocery-5002 Woodland Avenue

12. Name William Henry Dabner

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

14. Maiden name Ella Birmingham

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

16. (a) Informant Josephine A. Dabner

(b) Address 5062 Woodland

17. (a) Burial (b) Date thereof June 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Calvary Cemetery

18. (a) Signature of funeral director D. H. Newcomers son

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-5-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th  
year 1943 hour 1:15 minute A A.M.

21. I hereby certify that I attended the deceased from Crowe 19...;

that I last saw him alive on ..... 19... and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to 93H

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Aspiration & history

Of operations

Of 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 O. J. Crowe 6/5/43 (Date of signing)

Address Crowe 3 Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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(Licensed Embalmer's Statement on Reverse Side)

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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..... *Emile M. Calhoun* .....

Licensed Embalmer No..... *3506* .....

P. O. Address..... *Kc Mo.* .....

**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.**