

FILED APR 15 1944/49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1567

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2910 Highland 1
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 5 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson?
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2910 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORA BELLE MABERLY

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 Married

6. (b) Name of husband or wife John William Mabery 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 5 1878
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name W. H. Murdock
13. Birthplace Sutton
14. Maiden name Joseph E. Watson
15. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John William Mabery

(b) Address 2910 Highland K.C. Mo.

17. (a) as (b) Date thereof 4-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sledge, Mo.

18. (a) Signature of funeral director W. E. Brown

(b) Address Richmond and
19. (a) 4-8-44 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 14 - 1934 to Apr 7 - 1944
that I last saw her alive on Apr 7 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
5 yr.

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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 W. E. Brown (M. D. or other) MD
Address 832 Argyle Bldg Date signed 4-8-44

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

Signed..... *E. H. ...*.....

Licensed Embalmer No. *2073*.....

P. O. Address. *Richmond 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.