S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 29 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8723

State File No. _____

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1224

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: Continental Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community: 43 Years

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.: Continental Hotel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Edward E. Naber
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: Widowed
6. (b) Name of husband or wife: Hilda Naber
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: April (Month) 23rd (Day) 1877 (Year)
8. AGE: Years 67 Months 10 Days ~~25~~ 22 If less than one day _____ hr. _____ min.
9. Birthplace: Wallula (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation: Lawyer
11. Industry or business _____
MOTHER FATHER
12. Name: Henry A. Naber
13. Birthplace: _____ (City, town, or county) Germany (State or foreign country) 11
14. Maiden name: Julia Klummb
15. Birthplace: _____ (City, town, or county) Germany (State or foreign country) 11
16. (a) Informant: John S. Bates
(b) Address: Densmore Hotel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Leavenworth, Kansas
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri
19. (a) 3-16-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1945 hour 2 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Jan. 1, 1940, to March 15, 1945 that I last saw him alive on March 14th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 Month
Due to: ~~Infarction of the heart~~ Dilatation of the heart	
Due to: Hypertension and Nephritis Glomerular	10 years 8 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — — 130	PHYSICIAN
Of autopsy —	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) _____
(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. Thomas Pittam (M. D. or other)
Address: 636 West 57 Terrace Date signed 3/15-45

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(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1946

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 Joseph R. Hunt, Registered Apprentice No. 364, working under my personal supervision.

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.