

Registration District No. _____

Primary Registration District No. _____

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:
Trailer House 5722 Norton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 weeks
(Specify whether In this community 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. 5722 Norton
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 16 year 1945 hour 13 minute 15 P.M.
 21. I hereby certify that I attended the deceased from June 10 1945 to July 10 1945
 that I last saw him alive on July 10, 1945 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Martine M. Vaubel 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased December 16, 1882
(Month) (Day) (Year)

Immediate cause of death: acute myocardial failure
 Due to hypertension, myocardosis, hypoproteinemia
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 93.2

8. AGE: Years 62 Months 08 Days 05 If less than one day _____ hr. _____ min.
 9. Birthplace Webster City Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation farmer

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 MOTHER FATHER { 12. Name Henry Vaubel
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Julia
 15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Martine M. Vaubel
 (b) Address 5722 Norton
 17. (a) removal (b) Date thereof 7-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Albertlea, Minnesota
 18. (a) Signature of funeral director D. W. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 7-17-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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 0
 23. Signature Wm. Ketchum MD (M. D. or other)
 Address Waldheim Bldg Date signed 7/16/45

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 Keith Collins.....

Licensed Embalmer No. 3632.....

P. O. Address Honolulu 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.