

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40152**  
 Registrar's No. **5296**

**FILED** JAN 4 9 1946  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

**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: 2933 Olive  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: xx (Specify whether years, months or days)  
 In this community 25 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson **48**  
 (c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2933 Olive **8**  
(If rural, give location)  
 (e) Citizen of foreign country? No **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** FRANK KAHABKA

**3. (b) If veteran,** name war None **3. (c) Social Security No.** None

**4. Sex** Ma **5. Color or race** Wh **6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Maria Kahabka **6. (c) Age of husband or wife if alive** 70 years

**7. Birth date of deceased** April 4 1874  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>71</u>	<u>8</u>	<u>17</u>	hr. min.

**9. Birthplace** Pilsen Austria **4**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Parking Lot

**11. Industry or business** Operator

MOTHER, FATHER

**12. Name** No Record

**13. Birthplace** Austria **4**  
(City, town, or county) (State or foreign country)

**14. Maiden name** No Record

**15. Birthplace** Austria **4**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Maria Kahabka

**(b) Address** 2933 Olive

**17. (a) Burial** **(b) Date thereof** 12-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Forest Hill

**18. (a) Signature of funeral director** J. M. Wagner  
**(b) Address** Kansas City, MO.

**19. (a) 12-22-45** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 21  
 year 1945 hour 4: minute 35 P. M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Coronary sclerosis  
**Duration** \_\_\_\_\_

**Due to** arteriosclerosis

**Due to** \_\_\_\_\_

**Other conditions** 94A  
(Include pregnancy within 3 months of death)

**Major findings:**  
**Of operations** \_\_\_\_\_

**Of autopsy** History of angina  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

**(c) 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** 3

**23. Signature** J. M. Wagner **(M. D. or other)** \_\_\_\_\_  
**Address** 1424 1/2 Jay Ave **Date signed** 12-22-45

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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..... *Cecil R. Matthes* .....

Licensed Embalmer No. *3807* .....

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.**