

FILED APR 10 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1495

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:
6140 ROCKHILL ROAD
(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. 6140 ROCKHILL ROAD
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. ANTOINETTE MARIE SOEBBING

3. (b) If veteran, name war No 3. (c) Social Security No. 493-12-9708

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY-18-1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>7</u>	br. _____ min.

9. Birthplace QUINCY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation SALES

11. Industry or business COCA COLA

12. Name ANTON G. SOEBBING

13. Birthplace QUINCY ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name ANNA LECHTENBERG

15. Birthplace QUINCY ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ANNA C. SOEBBING

(b) Address 6140 ROCKHILL ROAD

17. (a) BURIAL (b) Date thereof MAR-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Jr.
 (b) Address 1401 BRUSH CREEK BLYD.

19. (a) 3-28-46 (b) Seraldine Holmes
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25TH
 year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 24 March 1946, to 25 March 1946
 that I last saw her alive on 24 March 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach
7 generalized convulsions 6 years
 Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: 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) (c) Means of injury C

23. Signature Frank D. Webb (M. D. or other)
 Address 3288 Coronado N.S.K. Date signed 3/26/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*H. Margolis
9-4-30*

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 *Oscar Torrey*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.