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0M—5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13263

FILED APR 17 1946

Registration District No. 1497 Primary Registration District No. 1002 Registrar's No. 1636

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: 635 EAST 74th TERRACE
(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 9 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. 635 EAST 74th TERRACE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME MRS. ANNA MAY MABEN
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. HAMLIN G. MABEN
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased FEBRUARY (Month) - 15 (Day) - 1864 (Year)

8. AGE: Years 82 Months 1 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace NEW LA CROSS (City, town, or county) WISCONSIN (State or foreign country)
10. Usual occupation NONE
11. Industry or business AT HOME
MOTHER FATHER
12. Name ABRAM HOOSE
13. Birthplace NEW YORK (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH GOULD
15. Birthplace WISCONSIN (City, town, or county) (State or foreign country)
16. (a) Informant LAWRENCE R. MABEN
(b) Address 635 EAST 74th TERRACE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 8-1946 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. F. Newcomer & Son
(b) Address 1401 Brush Creek Blvd. K.C. Mo.
19. (a) 4-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5TH year 1946 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from 8-8-39, 19__, to 4-5-46, 19__; that I last saw her alive on 4-4-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure, acute	3 hours
Due to Chr. hypertensive vascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 102
Of autopsy

PHYSICIAN — 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? (Specify type of place)
While at work (e) Means of injury

23. Signature Fred P. Lowery (M. D. or other)
Address Professional Bldg. K.C. Mo. Date signed 4-6-46

(Licensed Embalmer's Statement on Reverse Side)

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.