

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16917**

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **2224**

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: **Lucerne Hotel**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.**
(Specify whether all her life)

In this community **all her life**
(years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary A. Wible**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **John A. Wible**

6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **March 6 1864**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	2	9	hr. min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **x**

12. Name **McKenzie**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown,**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. R. Stalcup**

(b) Address **5036 Lydia, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **5-17-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-17-46** (b) **Thereldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **Lucerne Hotel**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**
year **1946** hour **2:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **Mar 24 1946**
to **May 15 1946**

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Left Breast**

Duration **6 mos.**

Due to _____

Due to _____

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

Major findings: **Carcinoma of Breast**

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) (e) Means of injury _____

23. Signature **Chas. H. Ashburn** M.D.
Address **1500 Professional Bldg**
(Date signed) **5/16/46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

15799

Dr. Ed Hashinger

Dr. Ed Hashinger

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 *J. Elmer Shippard*
Licensed Embalmer No. *4179*
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.