

No. 2
1-5-43
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

27198

State File No. _____

FILED SEP 14 1946

Registrar's No. 3740

Registration District No. _____

Primary Registration District No. 1002

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:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months
(Specify whether
In this community 10 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3
(d) Street No. 5331 Highland
(If rural, give location) 8
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARGARET KABERLEIN

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife George Kaberlein
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 28 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 3 hr. _____ min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name No record

13. Birthplace No record 9
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Father Dr Thiele

(b) Address 5331 Highland - K C Mo

17. (a) Removal (b) Date thereof 9/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director Durk and John Co

(b) Address 20 West Linwood

19. (a) 8-31-46 (b) Geraldine Holma
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day Aug
year 1946 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from May 9
1946 to Aug 31 1946
and that death occurred on the date and hour stated above.

that I last saw h. alive on Aug 31 1946

Immediate cause of death Coronary Thrombosis Duration 24 Hours

Due to Chronic Myocarditis 10 years

Due to Generalized Arterio-sclerosis 15 years

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

Major findings:
Of operations 93d
Of autopsy No

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? 3

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

23. Signature John T. Skinner (M. D. or other) M.D.

Address 11402 Bryant Hwy Date signed 8/31/46

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

20000

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 Howard W. Farmer.....

Licensed Embalmer No. 4134.....

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.