No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1181

State File No. 1181

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 144

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: 447 EAST-55TH STREET (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: 20 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.: 447 EAST-55TH STREET (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME: MRS. ANNA AGATHA LABHART
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: WIDOWED
6. (b) Name of husband or wife: MR. WILLIAM H. LABHART
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased: APRIL (Month) 9 (Day) 1870 (Year)

8. AGE: Years 76 | Months 9 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: CHICAGO (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business ------

MOTHER FATHER
12. Name: SOLOMAN HIRT
13. Birthplace: SWITZERLAND (City, town, or county) (State or foreign country)
14. Maiden name: ANNA A. BUCHER
15. Birthplace: SWITZERLAND (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. ELLA HOOPER
(b) Address: 447 EAST-55TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN-13-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: MT. MORIAH CEMETERY
18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 1-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 10th year 1947 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1941- ____, 19____, to Jan 9, 1947 that I last saw her alive on Jan 9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-Pneumonia - terminal	3 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Spastic Paraplegia (m. m. o.)	?
Major findings: Of operations:	
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: Wm R. Jackson (M. D. or other)
Address: 1107 Bryant Date signed: 1/10/47

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Miller

Licensed Embalmer No. 4407

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.