

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

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JUL 14 1947
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21211
 2812

Registration District No. 149 Primary Registration District No. 1002 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH: Jackson
 (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: 5305 Virginia
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX (Specify whether
 In this community 10 years
 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") 2
 (d) Street No. 5305 Virginia
 (If rural, give location) 8
 (e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME EDWARD W. THEOBALD
 3. (b) If veteran, No name war _____
 3. (c) Social Security No. 288-05-3485

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 2d
 year 1947 hour 11:00 minute A. M. 19
 21. I hereby certify that I attended the deceased from Apr. 1947
July 1, 1947 to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lillian Theobald
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased: January 29 1883
 (Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
 Due to Coronary atherosclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 932
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
64 5 3 _____ hr. _____ min.
 9. Birthplace Cook County Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Sales Representative
 11. Industry or business Western Laundry Mch. Co.
 12. Name No Record 9
 13. Birthplace " "
 14. Maiden name Margaret Goetting
 15. Birthplace No Record 9
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Lillian Theobald
 (b) Address 5305 Virginia
 17. (a) Removal (b) Date thereof 7-5-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elgin, Illinois
 18. (a) Signature of funeral director J. W. Magner
 (b) Address Kansas City, Mo.
 19. (a) 7-3-47 (b) Steraldine Holmes
 (Date received local registrar) (Registrar's signature)

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) (2) Means of injury 0
 23. Signature C. J. Schuch (M. D. or other) _____
 Address 370 W 47th St. 97 Date signed _____

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

MOTHER FATHER

320 11.47 A after 1:30
M.E. 4928

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..... *Cecil R. Matthes*

Licensed Embalmer No..... *3807*

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.