

UNITED STATES OF AMERICA  
 STANDARD CERTIFICATE OF DEATH

State File No. **84359**  
**2997**  
 Registrar's No.

**FILED AUG 5 1947**

Registration District No. **119**

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:  
**4335 Bellefontaine, Kansas City, Missouri**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
(Specify whether)  
**Life**  
 In this community **Life**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** **48**  
 (c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4335 Bellefontaine** **2**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Marie Sales**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **14th**,  
 year **1947** hour **1** minute **45** **A.M.**  
**21. I hereby certify that I attended the deceased from** **July 1**  
**1947** to **July 14th**, 19**47**,  
 that I last saw her alive on **July 14th**, 19**47**,  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Edward Sales**  
 6. (c) Age of husband or wife if alive **59** years  
 7. Birth date of deceased **March 24 1896**  
(Month) (Day) (Year)

Duration \_\_\_\_\_  
 Immediate cause of death **acute cardiac dilation**  
 Due to **Endocarditis - mural - rheumatic**  
 Due to **Chiefly malaria**  
**and** **beriberi**  
 Other conditions **As above**  
(Include pregnancy within 3 months of death)  
 Major findings: **As above**  
 Of operations \_\_\_\_\_  
 Of autopsy **As above**

**8. AGE:** Years **48** Months **51** Days **3** **20**  
If less than one day hr. min.

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

**10. Usual occupation:** **Housework**  
**11. Industry or business:** **At Home**

**MOTHER FATHER**  
**12. Name:** **Mathew Kobetisch**  
**13. Birthplace:** **Austria**  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** **Mary Sainick**  
**15. Birthplace:** **Austria**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **Mr. Edward Sales**  
**(b) Address:** **4335 Bellefontaine, K.C. Mo.**

**17. (a) Removal:** **Removal** **(b) Date thereof:** **July 16-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation:** **Mt. Calvary Cemetery**

**18. (a) Signature of funeral director:** **Jos. A. Butler's Sons**  
**(b) Address:** **22 South 18th. St. K.C.K.**

**19. (a) Date received local registrar:** **7-15-47**  
**(b) Registrar's signature:** **Sheldine Holmes**

**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?** \_\_\_\_\_  
**23. Signature:** **D.P.M. Purson** (M. D.)  
**Address:** **Professional Bldg** **Date signed:** \_\_\_\_\_

**7-14-47**

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

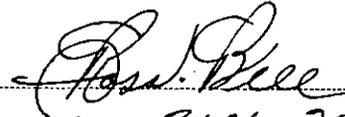
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 3426 Mo.

P. O. Address Kansas City, Kansas

**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.**