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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 4 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36623
Registrar's No. 4631

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: 3000 HARRISON STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3 85
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3000 HARRISON STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - -

3. (a) PRINT FULL NAME MR BENJAMIN HARRISON KOLBE
3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. 491-22-0014
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife - - - - -
6. (c) Age of husband or wife if alive - - - - years
7. Birth date of deceased SEPTEMBER (Month) 3 (Day) 1896 (Year)

8. AGE: Years 52 | Months 2 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace SLEEPY EYE (City, town, or county) MINNESOTA (State or foreign country)
10. Usual occupation ELECTRICIAN
11. Industry or business MACKAY ELECTRICAL COMPANY
FATHER
12. Name JOHN W. KOLBE
13. Birthplace HESSEN (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name THERESA MAINZER
15. Birthplace - - - - (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant Ella M. Armsworthy
(b) Address Garland, Kansas
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof NOV-12-1948 (Month) (Day) (Year)
(c) Place: burial or cremation SLEEPY EYE, MINNESOTA
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 11-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 10TH year 1948 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to	
Due to 93	
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner	
Major findings: Of operations	
Of autopsy History & Inspection	

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?
A. E. Upsher (Specify type of place)
While at work? (e) Means of injury
23. Signature A. E. Upsher M.D. (M.D. or other)
Address 2800 Main Date signed 11/17/48

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1948

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 Bernard L Doran

Licensed Embalmer No. 4250

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.