

**STANDARD CERTIFICATE OF DEATH**

**FILED FEB 26 1949**

State File No. **5160**  
**435**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>5 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>304 E. 4th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3814 E. 68th Street</b>			

**3. NAME OF DECEASED** (Type or Print) a. (First) **WILHELMINNIE** b. (Middle) **Tobaben** c. (Last) **Tobaben** **4. DATE OF DEATH** (Month) (Day) (Year) **JANUARY 29, 1949**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed** **8. DATE OF BIRTH** **JANUARY 24, 1879** **9. AGE** (In years last birthday) **70** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housekeeper** **11. BIRTHPLACE** (State or foreign country) **Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U. S. A.**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housekeeper** **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (State or foreign country) **Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U. S. A.**

**13a. FATHER'S NAME** **Unknown** **13b. MOTHER'S MAIDEN NAME** **Annie Mertens** **14. NAME OF HUSBAND OR WIFE** **Frederick Tobaben-Husband**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** **NONE** **17. INFORMANT'S SIGNATURE OR NAME** **MR. NORMAN Tobaben** **ADDRESS** **3814 E. 68th St. KANSAS CITY MO.**

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c) **19. MEDICAL CERTIFICATION** **20. INTERVAL BETWEEN ONSET AND DEATH** **6 MO**

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Generalized carcinoma**

**ANTECEDENT CAUSES** **II. OTHER SIGNIFICANT CONDITIONS** **175X**

*\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

**DUE TO (b)** **Carcinoma of stomach**

**DUE TO (c)** \_\_\_\_\_

**Conditions contributing to the death but not related to the disease or condition causing death.**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **12-15-**, 19**48**, to **1-27-**, 19**49**, that I last saw the deceased alive on **1-27-**, 19**49** and that death occurred at **8:15 P. m.**, from the causes and on the date stated above.

**23a. SIGNATURE** **H. R. Lydon, Jr.** (Degree or title) **23b. ADDRESS** **1027 E. 75. St. Mo** **23c. DATE SIGNED** **1-30-49**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Removal** **24b. DATE** **JAN. 30/49** **24c. NAME OF CEMETERY OR CREMATORY** \_\_\_\_\_ **24d. LOCATION** (City, town, or county) (State) **SEDALIA, MISSOURI**

**DATE REC'D BY LOCAL REG.** **1-30-49** **REGISTRAR'S SIGNATURE** **Sheraldine Holmes** **25. FUNERAL DIRECTOR'S SIGNATURE** **D.W. Newcome's Sons** **ADDRESS** **1401 Brush Creek KANSAS CITY, MO.**

No. 300  
10-48  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Edward M. Storey*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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.