

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37151**
4922

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leeds KANSAS CITY Unknown</u>	c. LENGTH OF STAY (in this place) <u>Unknown</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 2618</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leeds Tuberculosis Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>4126 S. Benton 2610</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>Arthur</u>	c. (Last) <u>Malben.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 19 50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE. <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-27 1908</u>	9. AGE (In years last birthday) <u>42-3</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deputy Recorder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gov't.</u>	11. BIRTHPLACE (State or foreign country) <u>Des Moines, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown James Malben</u>	13b. MOTHER'S MAIDEN NAME <u>Lottie Wolfe</u>	14. NAME OF HUSBAND OR WIFE <u>Helen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Malben</u> ADDRESS <u>4126 S. Benton</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TUBERCULOSIS PULMONARY FAR ADVANCED</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-12 1950, to 11-19 1950, that I last saw the deceased alive on 11-19 1950, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward P. Altomare M.D.</u>	23b. ADDRESS <u>1030 E. Pacific K.C. Mo</u>	23c. DATE SIGNED <u>11-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/23/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-22-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u> ADDRESS <u>K.C. Mo.</u>
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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.

Student
Student Embalmer

Signed *A. D. Louis*

Licensed Embalmer No. *3110 K.C.*

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.