

FILED MAR 31 1951

STANDARD CERTIFICATE OF DEATH

8534  
State File No. 1100

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Liberty</b> <b>2241</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research</b>		d. STREET ADDRESS (If rural, give location) <b>429 Wilson</b>	

3. NAME OF DECEASED (Type or Print) <b>Mabel</b>	a. (First) <b>M.</b>	b. (Middle) <b>Holzappel</b>	c. (Last) <b>Holzappel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 7 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 2-1904</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>3</b> Days	IF UNDER 1 HR. Hours <b>15</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Merrill Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>US.</b>
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13a. FATHER'S NAME <b>Geo. M. Kress</b>	13b. MOTHER'S MAIDEN NAME <b>Henrietta Kortemeyer</b>	14. NAME OF HUSBAND OR WIFE <b>Elmer W. Holzappel</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elmer Holzappel</b>	ADDRESS <b>Liberty, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma ovaries bilateral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with metastasis left</b> DUE TO (c) <b>hernia &amp; retained ovaries</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>175+</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	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 **Dec 1950**, to **March 7, 1951**, that I last saw the deceased alive on **March 7, 1951**, and that death occurred at **3:10 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James W. Willoughby MD</b>	23b. ADDRESS <b>Liberty, Mo.</b>	23c. DATE SIGNED <b>3-8-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Mar. 7-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-12-51</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Phyllis - Green G. Liberty, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.