

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9531
Do not use this space.

APR 17 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kear Primary Registration District No. 1092
(c) City Kansas City (d) Street No. KC Gen Hosp Registered No. 1137
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 100 William Stobbe
2619 Kensington (Usual place of abode, if no street address, write country or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Stobbe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13-1879
7. AGE YEARS 66 MONTHS 2 DAYS 78 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pattern
9. Industry or business in which work was done, as saw mill, bank, etc. Maker
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Theodore Stobbe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Anna Unte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Rebecca Owe

18. BURIAL, CREMATION, OR REINTERMENT PLACE Forest Hill DATE 3/13 34

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. O'Donnell
3756 Broadway

20. FILED Apr 13 1939 M. N. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-9 39 to 3-10 39
I last saw him alive on 3-10 39 Death is said to have occurred on the date stated above, at 1:40 a m
The principal cause of death and related causes of importance were as follows:

Retropitoneal
Suppurative
Other contributory causes of importance: 46

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. H. De Manes, M. D.
(Address) Sub K C Gen Hosp

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.....

P. O. Address.....

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, above space should be left blank.