

6579 OCT 18 1939

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

31661
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township RAW Primary Registration District No. 1002 Registered No. 3759
 (c) City KANSAS CITY (d) Street No. 4135 GARFIELD St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MR. EDWARD GIEBER
 (a) Residence, No. 4135 GARFIELD St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. NORMA GIEBER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-14-1890
 7. AGE YEARS 48 MONTHS 9 DAYS 14 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A. WORKER
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) WASHINGTON COUNTY KANSAS

13. NAME ANTHONY GIEBER

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

15. MAIDEN NAME AGNES MARCOIT

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

17. INFORMANT MRS. NORMA GIEBER (ADDRESS) 4135 GARFIELD

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Hills DATE 9-30-39

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS (ADDRESS)

20. FILED 9/28 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT-28-1939

22. I HEREBY CERTIFY, that I attended deceased from Aug 15 1939 to Sept 28 1939
 I last saw him alive on Sept 28, 1939. Death is said to have occurred on the date stated above, at 11:40 A.M.
 The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset 1938
93.C
 Other contributory causes of importance: asthma may 1936

Name of operation none Date of none
 What test confirmed diagnosis? none Was there an autopsy? no

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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify E. A. Albers (Signed) _____, M. D.
 (Address) 1125 Rialto Kansas City Mo

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.

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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

Registered Apprentice No., working under my personal supervision.

Signed Emile M. Cathorn

Licensed Embalmer No. 3506

P. O. Address Kansas City - 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, above space should be left blank.