

ED JUN 17 1940  
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2861**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Jackson**  
 (a) County **J**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3841 Baltimore**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **25 Yrs**  
(Specify whether years, months or days)  
 In this community **25 Yrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limit, write "RURAL")  
 (d) Street No. **3841 Baltimore**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **EDWARD G. SOEBBING 152**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Laura F. Soebbing** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **January 22, 1888**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>4</b>	<b>14</b>	hr. _____ min.

9. Birthplace **Quincy Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business \_\_\_\_\_

12. Name **Henry Soebbing**

18. Birthplace **Quincy Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Schlage**

15. Birthplace **Quincy Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Laura Soebbing**

(b) Address **3841 Baltimore**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Zwert & Tobin Co.**  
(b) Address **Kansas City, Mo.**

19. (a) **June 9, 1940** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**  
Year **1940** hour **9** minute **2** M.

21. I hereby certify that I attended the deceased from **June 5 1940** to **June 6 1940**  
that I last saw him alive on **June 5/40** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **Coronary occlusion and atherosclerosis**

Due to **arces**

Other conditions (Include pregnancy within 3 months of death) **X 9412**

Major findings:  
 Of operations **X X**  
 Of autopsy **X X**

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **X**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ **X**

(b) Date of occurrence \_\_\_\_\_ **X**

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

23. Signature **Medical Examiner** (Date of issue) \_\_\_\_\_  
Address **204 S. Brady** Date signed **6/9/40**

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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

*Harold Ray*

Licensed Embalmer No. *4097*

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, above space should be left blank.**