S. No. 2
-11-10-39
5-17-39
P I X21492

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

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24412

Registration District No. 399-

Primary Registration District No. 1002

Registrar's No. 3022

1. PLACE OF DEATH:

(a) County: Jackson,

(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6147 Kenwood, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)

In this community: 35 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Jackson,

(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 6147 Kenwood,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME: Mraion H. Ober, 160

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Belle Ober,

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: December (Month) 31 (Day) 1858 (Year)

8. AGE: Years 81 | Months 6 | Days 28 | If less than one day: hr. min.

9. Birthplace: Kansas, (City, town, or county) (State or foreign country)

10. Usual occupation: Retired,

11. Industry or business: x

FATHER
12. Name: Luke C. Ober,
13. Birthplace: Ohio, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: L. Hurd,
15. Birthplace: Massachusetts, (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Allace Engelke,
(b) Address: 6147 Kenwood, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: 7-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Ottawa, Kansas.

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K.C., Mo.

19. (a) July 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 28th year: 1940 hour: 8:45 minute: P. M.

21. I hereby certify that I attended the deceased from July 20th, 1940, to July 28th, 1940, that I last saw him alive on July 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage; — Duration: few days.

Due to: Arterial Hypertension & — Duration: Several years.

Due to: Arteriosclerosis — Duration: years.

Other conditions (Include pregnancy within 3 months of death): 8 vs

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(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? (Specify type of place)
While at work?
(e) Means of injury: 1

23. Signature: E. A. Wilkinson (M. D. ~~coroner~~) M.D.
Address: 1103 Grand Ave Date signed: 7/29/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. A. Wilkinson
Prof Bldg
Ha 1614

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.