

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3687

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

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:  
4232 East 51st Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years, months or days (Specify whether)

In this community 40 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 limits, write "RURAL")

(d) Street No. 4232 East 51st Street  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country England

3. (a) PRINT FULL NAME Mrs. Anne Elizabeth Dabner

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th  
year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 2 42  
Oct 4 42, 1942, to Oct 4 42, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband William Dabner 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased September 18 1857  
(Month) (Day) (Year)

Immediate cause of death Organic Heart Disease  
(a) Myocardial Infarction  
(b) Coronary Artery Disease  
(c) Atherosclerosis

Due to none

Due to none

Other conditions (Include pregnancy within 3 months of death) none

8. AGE: Years Months Days If less than one day  
85 0 16 hr. min.

9. Birthplace Kent England  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: Of operations none

Of autopsy none

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

MOTHER FATHER { 11. Industry or business --

12. Name William Moore

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Pepper

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Thompson

(b) Address 4232 East 51st Street

17. (a) Burial Removal (b) Date thereof Oct. 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Maple Hill Cemetery, K.C. Kans.

18. (a) Signature of funeral director W. H. Newcomer's Inc

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-7-42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

(Specify type of place) (e) Means of injury

23. Signature J. P. Moore (Name of officer)  
Address 311 Arroyo Rd. K.C. Mo. Date signed 10/5/42

311  
12:30  
Bryce  
Bryce

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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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address KC 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.**