

Registration District No. **199**

Primary Registration District No. **1002**

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:
3516 Anderson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 28 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ALBERT JACKSON GOBEN

3. (b) If veteran, name war No

3. (c) Social Security No. 702-14-5916

4. Sex Male

5. Color or Grace White

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

6. (b) Name of husband or wife Bertha May

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. 29, 1899 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>0</u>	<u>1</u>	hr. min.

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

10. Usual occupation Railroad Engineer

11. Industry or business Mo. Pacific

MOTHER, FATHER {

12. Name Henry Goben

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Casselman

15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Mapes

(b) Address 3516 Anderson

17. (a) Burial (b) Date thereof 12-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address Kansas City, Mo.

19. (a) 12-3-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 3516 Anderson **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1943 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 27
1943 to Nov 30 1943
that I last saw him alive on Nov 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum **3 days**

Due to General Tuberculosis **5 yrs**

Due to Pulmonary Tuberculosis **5 yrs**

Other conditions (Include pregnancy within 3 months of death) 1381

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature Dean D. King (M. D.) **9/27/43**
Address 814 Professional Bldg

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..... *W.D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *19. 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, fact should be so stated above.