. S. No. 2
OM—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1003
Registrar's No. 226

48
3
8

WRITE PLAINLY—USING 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: 1407 East 10th. Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Nebraska (b) County Lancaster 999
(c) City or town Lincoln 55
(If outside city or town limits, write "RURAL")
(d) Street No. 800 South 23rd. Street 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Richard Charles Cabeen
3. (b) If veteran, name war World War # 2
3. (c) Social Security No. 506-07-6170
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Dorothy Cabeen
6. (c) Age of husband or wife if alive About 24 years
7. Birth date of deceased 11 (Month) 16 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
45	2	1	hr. min.

9. Birthplace Lincoln (City, town, or county) Nebraska (State or foreign country) /
10. Usual occupation Upholsterer
11. Industry or business Hunt Furniture Co.
FATHER
12. Name John Boyd Cabeen
13. Birthplace Illinois (City, town, or county) (State or foreign country) /
MOTHER
14. Maiden name Sallie Mahan
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. Gertrude Shepard
(b) Address 1407 East 10th. Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, Nebraska
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri
19. (a) 1-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 17th.
year 1948 hour 1 minute 15 A. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw ..... 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death Deputy Coroner
Acute Coronary Occlusion
Due to
Due to
Other conditions Deputy Coroner
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See Above

Duration

PHYSICIAN
Underline the cause of 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
23. Signature A. E. Upsher (M. D. or other) M.D.
Address 2800 Main Date signed 1/17/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1948

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 Jerry A. Minor, Registered Apprentice No. 437, working under my personal supervision.

Signed Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

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.