Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33824
STATE FILE NUMBER

FILED OCT 24 1956 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4228

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☐ X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3434 E. 62nd. St. — Length of stay in 1b life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3434 E. 62nd. St. — Reside on Farm Yes ☐ No X

2798

3. NAME OF DECEASED (Type or print) First Middle Last: Mabel Andersen
4. DATE OF DEATH Month Day Year: Sept. 26, 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 6, 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Osteopath
10b. KIND OF BUSINESS OR INDUSTRY: Osteopath
11. BIRTHPLACE (City and state or country): Jackson County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Krebs
14. MOTHER'S MAIDEN NAME: ~~Emma Krebs~~ Unknown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 488-40-5539
17. INFORMANT Address: Howard Andersen 638 So Park Indp. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pending Lab Exam
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo C Kealhofer [illegible] Coroner
22b. ADDRESS: 6627 Pierce St. Kansas
22c. DATE SIGNED: 9-27-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Sept. 29, 1956
23c. NAME OF CEMETERY OR CREMATORY: Elmwood Crematory
23d. LOCATION (City, town, or county) (State): KansasCity, Missouri

24. FUNERAL DIRECTOR ADDRESS: Muehlebach Funeral Home 6800 Troost
25. DATE RECD. BY LOCAL REG.: 9-28-56
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas A. Koehle

Licensed Embalmer No. 49

P. O. Address K.C.,

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.