

RECORDED APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9883
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1348
 (c) City Kansas City, Mo. (d) Street No. 6001 East 11th Street St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sylvia Hubricht 1621

(a) Residence, No. 6001 East 11th Str. K.C. Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert E. Hubricht
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23rd, 1873
 7. AGE YEARS 64 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME William Woods,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Anna Cline
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Robert E. Hubricht
 (ADDRESS) 6001 East 11th, K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Washington DATE Mo. 29, 1938
 19. FUNERAL DIRECTOR Mrs. G.L. Forster,
 (ADDRESS) 918 Brooklyn, K.C. Mo.
 20. FILED Mo. 28, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mo. 27th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1938, to 3-27, 1938
 I last saw her alive on 3-27, 1938. Death is said to have occurred on the date stated above, at 7:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Hypertensive Pneumonia
6612
 Other contributory causes of importance:
Thyroidectomy
Toxic Thyroid

Name of operation Thyroidectomy Date of 3-26-38
 What test confirmed diagnosis?..... Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Calvin A. Li. Lusk, M. D.
 (Address) 1424 Prof. Bldg

WHITE PAPER, WITH OY-RING BINDING--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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W. A. M. & Son

1408 Broadway

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
 hereby certify that the body recorded on the reverse side of this certificate was embalmed by
 L. E.
 No. or by, Registered Apprentice No.
 working under my personal supervision.

Signed,
 Licensed Embalmer No.

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.)