

DEC'D DEC 4 1938

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

28204
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 2 399
(b) Township Kaw Primary Registration District No. 1 1002
(c) City K. C. Mo. (d) Street No. 4936 Michigan St.
(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.

Registered No. 4428

2. PRINT FULL NAME

100 Mrs. Sophia Marie Lube
(a) Residence, No. 4936 Michigan St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Wm. Lube

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 9 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Germany

FATHER 13. NAME Carl Dethloff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Sophia Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Irvin Hainkel
4936 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 15, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED Nov. 14, 1938 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 127 to Nov 14, 1938
I last saw her alive on Nov 14, 1938. Death is said to have occurred on the date stated above, at 5:10 m. pm
The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia
cardiac asthma
mitral stenosis (rheumatic)
Date of onset

Other contributory causes of importance: 92.2

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) M. J. Bourcier, M. D.
708 Huron St. Bldg
(Address)

120125.

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.

Dr. W. Bernreiter

Huron Bg.

Kansas City, Kansas

905 North 7th St

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.