

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2975

I. 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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community All his life
years, months or days)

3. (a) PRINT FULL NAME ALBERT L. HURSIG 622

3. (b) If veteran, name war XX
3. (c) Social Security No. 486-09-6827

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mayme A. Hursig 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased. April 20 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 3 If less than one day
hr. _____ min. _____

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

10. Usual occupation: Brass Worker

11. Industry or business: Prairie Brass & Metal Co

12. Name: Robert E. Hursig

13. Birthplace: Germany
(City, town, or county) (State or foreign country)

14. Maiden name: Charlotte David

15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mayme A. Hursig

(b) Address: 4504 Wabash

17. (a) Buriel (b) Date thereof: 7-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: J.M. Wagner
(b) Address: Kansas City, Mo.

19. (a) July 26, 1940 (b) M.M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4504 Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
1940 year. hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from July 14
1940 to July 23 1940.
that I last saw him alive on July 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompression Duration 1 day

Due to: Acute Intestinal Obstruction 1 day

Due to: Acute Suppurative Appendicitis 10 days
& Peritonitis.

Other conditions: 121
(Include pregnancy within 3 months of death)

Major findings: Acute Suppurative Appendicitis
Of operations: Peritonitis
Of autopsy: no
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) no
(b) Date of occurrence: no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury: no

23. Signature: H.T. Wittenberg (M.D. or other) no
Address: 213 Prospect Date signed: 7/25-40

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

M.M.C

2603 East 31st St.
WA. 4659

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 Cecil R. Mathes

Licensed Embalmer No. 3807

P. O. Address A 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, above space should be left blank.