

Registration District No. 85

Primary Registration District No. 5127

Registrar's No. 855

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural, Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 6, Kirschners Addition 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days)

8. (a) PRINT FULL NAME Anthony Kubilis 142

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About 1895  
(Month) (Day) (Year)

8. AGE: Years 45 Months ? Days ? If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Unknown Lithuania 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant John Roskey

(b) Address 317 E. Colorado Ave.

17. (a) Burial (b) Date thereof Aug. 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cem.

18. (a) Signature of funeral director Clark Mortuary 85  
5025 King Hill Ave.

(b) Address \_\_\_\_\_

19. (a) Reg 71440 (b) A. Reettlebusch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 6  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 30 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4  
year 1940 hour 10 minute 25 p. M.

21. I hereby certify that I attended the deceased from Jan 29-40  
\_\_\_\_\_ 19\_\_\_\_ to Aug 4-40 19\_\_\_\_  
that I last saw him alive on Aug 4-40 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Freemasonry Duration 6 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)

23. Signature Fenton H. Roskey (M. D. or other) \_\_\_\_\_

Address 1091 W. No. Ave. Date signed 8-6-40

**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, ~~xxxx~~ Aug. 4, 1940

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Earl A. Clark* .....

Licensed Embalmer No. 3476 .....

P. O. Address St. Joseph .....

**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.**