

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 65

1. 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:
3012 Montgall Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since 1888
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs Elizabeth Kubicki

8. (b) If veteran, name war No 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank S. Kubicki 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Nov. 8, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Posen, Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 { 12. Name No record
 { 13. Birthplace No record Poland 4
(State or foreign country)
 { 14. Maiden name No record
 { 15. Birthplace No record Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frances M. Kubicki
 (b) Address 3012 Montgall Ave.

17. (a) Burial (b) Date thereof Jan 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thomas E. Quirk Funeral Home
(Specify type of place) While at work? (c) Means of injury. C
 (b) Address 4316 Troost Ave.

19. (a) Jan 6 1941 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)
 23. Signature S. E. Miller (M. D. or other)
 Address 1033 Professional Date signed

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 45
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
 (d) Street No. 3012 Montgall Ave
(If rural, give location) C
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 5th
 Year 1941 Day 2.05 A.M. hour minute M.

21. I hereby certify that I attended the deceased from Dec 25 - 1940
Jan 5 1941 to Jan 5 1941;
 that I last saw her alive on Jan 4 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Acute myocardial infarction
dilatation
 Due to arteriosclerosis
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings: A32
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 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) None
 (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?

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.....

Thomas E. Turk

Licensed Embalmer No.....

3775

P. O. Address.....

R. C. Mc

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.