

No. 2
4-13-40
4-17-39
I X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1273
State File No. _____
233
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Colonial Rest Home - 7611 Wornall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community Over 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
4838
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 922 E. Linwood
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Herman Huth
3. (b) If veteran, name war XX
3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Huth
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased October 24 1886
(Month) (Day)

8. AGE: Years 74 Months 2 Days 21
If less than one day hr. _____ min. _____

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Auditor

11. Industry or business: _____
12. Name Lebrecht Huth
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emma Fuchs
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Huth
(b) Address 922 E. Linwood

17. (a) Burial (b) Date thereof Jan 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

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

19. (a) Jan 16 1941 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 15th
year 1941 hour 4:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 32 to Jan 15 1941
that I last saw him alive on January 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Apoplexy
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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)
(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) (e) Means of injury _____
23. Signature N. Wagner (M. D. or other) _____
Address 314 Shubert St Date signed Jan 15 1941

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

S. Hunsbeck Reg.
V1-7529

DR. HANS SCHUBERT

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 A. R. Hainschuld

Licensed Embalmer No. 4159

P. O. Address K.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, fact should be so stated above.