

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1503**
Registrar's No. **463**

Registration District No. **299**

Primary Registration District No. **1002**

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **21 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank S. Kubicki**

3. (b) If veteran, name war **76** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Elizabeth Kubicki** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Oct. 25, 1852** (Month) (Day) (Year)

8. AGE: Years **88** Months **3** Days **4** If less than one day hr. min.

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

10. Usual occupation **Woodworker**

11. Industry or business **Elberg Body Work**

MOTHER FATHER
12. Name **No Record**
13. Birthplace " " (City, town, or county) (State or foreign country) **9**
14. Maiden name " " (City, town, or county) (State or foreign country)
15. Birthplace " " (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Frank Kubicki**
(b) Address **3012 Montgall**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-1-41** (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Thos. E. Quirk**
(b) Address **4316 Troost**

19. (a) **Jan 31, 1941** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **29**
year **41** hour **4** minute **10** pm

21. I hereby certify that I attended the deceased from **Mar 3, 1941** to **Jan 29, 1941**; that I last saw him alive on **Jan 29, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac dilation**
Chronic myocarditis

Due to **Chronic myocarditis**
Cardiac asthma

Due to **Arteriosclerosis**
Senility

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
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) (e) Means of injury
23. Signature **T. P. Donnelly** (M. D. or other) **100**
Address **2748 Charlabett** Date signed **1/30/41**

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

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 John C. Jewell

Licensed Embalmer No. 3775

P. O. Address R.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.