

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27458  
State File No. \_\_\_\_\_  
Registrar's No. **3116**

**FILED SEP 12 1941**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

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: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
In this community 58 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis George Hubrig  
3. (b) If veteran, name war None  
3. (c) Social Security No. 495-07-9294

4. Sex Male 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Alma C. Hubrig  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased December 6 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saxony Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Black, Sivall & Bryson

MOTHER FATHER { 12. Name Louis Hubrig  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Iida Buetter  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma C. Hubrig  
(b) Address 3425 Chestnut

17. (a) Burial (b) Date thereof 8-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery

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

19. (a) 9/18/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048  
(a) State Missouri (b) County Jackson 3  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3425 Chestnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 58 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th  
year 1941 hour 3 minute 35 A.M.  
21. I hereby certify that I attended the deceased from 8-11-41, 19\_\_\_\_, to 8-17-41, 19\_\_\_\_;  
that I last saw him alive on 8-17-41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia  
Due to Chronic Urticaria  
Due to Chronic Fibrous Myocarditis  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 93D  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 [Signature] (M. D. or other) D  
Address [Signature] Date signed \_\_\_\_\_

**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 *L. R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *K. E. 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.**