

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41609

State File No. _____

Registration District No. 197

Primary Registration District No. 5276

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural -- Gallatin Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. F. D. North Kansas City.
(If not in hospital or institution, write street number or location)

(d) Length of stay: 54 years (Specify whether years, months or days)

In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town North Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. Route #8 (Winnwood)
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1941 hour 10:30 minute _____ M.

21. I hereby certify that I attended the deceased from 8-15 1940 to Dec 23 1941.

that I last saw her alive on Dec 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Cervix

Due to genous metastasis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME EDITH BUBLITZ

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife CHARLES BUBLITZ

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 11, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 10 12 _____ hr. _____ min.

9. Birthplace Chicago, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation housewife
home

11. Industry or business _____

12. Name Robert Dennis

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

14. Maiden name Rachael Elizabeth Lee

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

16. (a) Informant Eural Dennis

(b) Address Harrisburg, Ill

17. (a) cremation (b) Date thereof 12-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) Dec 26-1941 (b) Paul N. Henry
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Edith C. M... .. (M. D. or other) _____

Address 723 Argyle Road Date signed 12-26-41

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

MOTHER FATHER

1021

(Licensed Embalmer's Statement on Reverse Side)

16.C.MO

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 *Harold J. Larson*
Licensed Embalmer No. 3605
P. O. Address North Ke W

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.