

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Jail 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hr (Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 628 1/2 So 6th
(If rural, give location)

(e) Citizen of foreign country? not known (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Kulbrake

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1942 hour 1 minute 57 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

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

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

7. Birth date of deceased _____ (Month) _____ (Day) 1870 (Year)

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Alcoholism Duration 6 mo.

8. AGE: Years 72 Months — Days — If less than one day hr. _____ min. _____

Due to Pulmonary Oedema which

Due to Man was picked up by the police at 6th & Mercantile st

9. Birthplace Rushville (City, town, or county) mo 0 (State or foreign country)

Other conditions intoxicated, at about 11:30 am. was taken over the police station, and man died about 1:57 pm

Major findings: Of operations

Of autopsy not same day.

10. Usual occupation None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name unknown

13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant H. F. Mundy

(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 11-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Freeman & Son, Inc

(b) Address St Joseph, Mo.

19. (a) 11-12-42 (Date received local registrar) (b) Rae Heezog (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) MTC

(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature H. F. Mundy (M. D. or other) Coronary

Address 404 So 3rd St Date signed 11/10/42

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

County Prof Records

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.....

Robert H. Gaph

Licensed Embalmer No.....

3308

P. O. Address.....

St Joseph Miss.

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.