

S. No. 2
OM-243
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4711

FILED NOV 19 1943
Registration District No. 199

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:
2708 ASKEW AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 44 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2708 ASKEW AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. ALFRED GEORGE LUTHY

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 4TH
year 1943 hour 11 minute 30 A. M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ELNORA LUTHY

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased FEBRUARY 22 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 22, 1943, to November 4, 1943, that I last saw him alive on November 3, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 8 Days 10 1/2 hr. _____ min. _____
If less than one day

Immediate cause of death Solar Pneumonia Duration _____

Due to Influenza

Due to 33a

9. Birthplace BERNS KANSAS
(City, town, or county) (State or foreign country)

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

10. Usual occupation TOOL SHARPENER

11. Industry or business OWN BUSINESS

Major findings: Of operations _____

Of autopsy No

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name SIMON LUTHY

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

14. Maiden name MAGGOLIN LUENBERGER

15. Birthplace BERN SWITZERLAND
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant MRS. ELNORA LUTHY

(b) Address 2708 ASKEW AVENUE

17. (a) BURIAL (b) Date thereof NOV-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Edward G. Feibel (M. D. or other) _____
Address 730 Argyle Bldg Date signed Nov 5/43

18. (a) Signature of funeral director D. E. Newcomer's son

(b) Address 1401 BRUSH CREEK BLD

19. (a) 11-6-43 (b) D. E. Newcomer
(Date received local register) (Registrar's signature)

730 Regina Blvd.
12:30 PM (12:45 PM) 1/11/56

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.