

Registration District No. 344A 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: St. Vincent's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hour
(Specify whether years, months or days)
 In this community Life

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. 336 N. Hardesty St. Vincent's Hospital
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME THOMAS F. LUBY
 3. (b) If veteran, name war: XX
 3. (c) Social Security No. XX

4. Sex Male 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Sgl
 6. (b) Name of husband or wife: XX
 6. (c) Age of husband or wife if alive: XX years
 7. Birth date of deceased: January 12 1944
(Month) (Day) (Year)

8. AGE:
 Years XX Months XX Days XX
 If less than one day 1 hr. min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation: XX

11. Industry or business: Thomas F. Luby
 12. Name: Thomas F. Luby Kansas
 13. Birthplace: Stafford Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name: May Murphy
 15. Birthplace: Clyde Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant: Thomas F. Luby
 (b) Address: 336 N. Hardesty
 17. (a) Removal (b) Date thereof: 1-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Clyde, Kansas
 18. (a) Signature of funeral director: J. M. Wagner
 (b) Address: Kansas City, Mo.
 19. (a) Jan 13, 1944 (b) J. E. Brous
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 12th
 year 1944 hour 1: minute 30 P. M.

21. I hereby certify that I attended the deceased from 11/2/44
 to 11/2/44
 that I last saw him alive on 11/2/44
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia in mother.
 Due to: _____
 Due to: _____
 Other conditions: 159
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
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 injury)
 23. Signature: J. E. Brous (M. D.) _____
 Address: 1103 1/2 Date signed: 11/2/44

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

Proof 10/29/09

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 *Cecil R. Matthes*
Licensed Embalmer No. *3807*
P. O. Address *Kansas City 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.