

FILED APR 6 1949

Primary Registration District No. 1002

Registrar's No. 1286

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:
2905 Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community..... 38 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38

(a) State Missouri (b) County Jackson

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

(d) Street No. 2905 Park
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Ernest T. Kuebler

3. (b) If veteran, name war..... no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1944 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1/12/44
..... 19..... to 3/18/44 19.....
that I last saw him alive on 3/18/44
and that death occurred on the date and hour stated above.

4. Sex SW 5. Color or race wh

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

6. (b) Name of husband or wife Martha Kuebler

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 16 (Day) 1879 (Year)

Immediate cause of death: Coronary Atherosclerosis, Hypertension

Due to arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 0 Days 6 If less than one day 2 hr. 0 min.

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

10. Usual occupation Plumber Master

11. Industry or business

MOTHER FATHER

12. Name Alfred Kuebler

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

14. Maiden name Caroline Kuebler

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

Major findings: Of operations

Of autopsy 940

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Martha Kuebler

(b) Address 2905 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C. S. Bowler

(b) Address N. C. Mo.

19. (a) 3-22-44 (Date received local registrar) (b) D. E. Brown (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?

(Specify type of injury)

(e) Means of injury

23. Signature A. D. Francis (M. D. or other) 0

Address 1115 Grand Date signed 3/22/44

*F.S.
J. Buckert
me 9603.
Come in from 1 to 5
today*

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 *Ralph W. Runnels*
Licensed Embalmer No. *3860*
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.