

FILED OCT 29 1944
 199

State File No. _____

Registration District No. _____

Primary Registration District No. 1802

Registrar's No. 4211

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:
 801- EAST GREGORY BLYD.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 3 YEARS years, months or days)

3. (a) PRINT FULL NAME MR. CHRISTIAN HUBEL

3. (b) If veteran, name war No
 3. (c) Social Security No. 488-01-8907

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MRS. ANNA MARIE HUBEL
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased SEPTEMBER 6 1872
 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 14 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED - 3 YEARS

11. Industry or business MECHANIC

MOTHER FATHER

12. Name WENZELAS HUBEL
 13. Birthplace AUSTRIA & HUNGARY
 (City, town, or county) (State or foreign country)
 14. Maiden name MARGARET FISCHER
 15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. EDWARD G. SCHAEFER

(b) Address 801- EAST GREGORY BLYD.

17. (a) REMOVAL (b) Date thereof OCTOBER 21 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. LOUIS MISSOURI

18. (a) Signature of funeral director D. H. Newkirk son

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 10-20-44 (b) P. E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY 49
 (If outside city or town limits, write "RURAL")
 (d) Street No. 801- EAST GREGORY BLYD.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER, day 20TH
 year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from OCT 14 1944
 to OCT 20 1944
 that I last saw him alive on OCT 19 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hipper Bau sin
 Due to age 93

Other conditions chronic hypochloria
 (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.

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 _____

23. Signature Joseph C. Newkirk
 Address 1401 BRUSH CREEK BLYD. date signed OCT 20 1944

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

2-4-38
1067
Baldy

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..... *Edward Horkley*

Licensed Embalmer No. *1767*

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.