. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40164
4989

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 6716 BALES AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6716 BALES AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. GERTRUDE ANN KUBITZKI
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. WILLIAM J. KUBITZKI
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased FEBRUARY (Month) 23 (Day) 1882 (Year)

8. AGE: Years 63 Months 9 Days 9 If less than one day hr. min.

9. Birthplace ATHERTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
FATHER
12. Name JAMES FRAZAR
13. Birthplace HERMAN (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name AMANDA M. BELL
15. Birthplace DE KALB COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant WILLIAM J. KUBITZKI
(b) Address 6716 BALES AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-4-1945 (Month) (Day) (Year)
(c) Place: burial or cremation 6 MILE CEMETERY (NEAR SALEM CHURCH)
18. (a) Signature of funeral director D. A. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 12-4-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 2ND year 1945 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from One call Dec 2, 1945 to , 19 ; that I last saw her alive on Dec 2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion	Duration one hour
Due to Hypertention	3 years
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations
Of autopsy 9 4/2

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edward A. Samuelson (M. D. or other)
Address 2603 E 31 K.C. Date signed Dec 3-45

86'

(Licensed Embalmer's Statement on Reverse Side)

Reagu 200
2603 East 31st Street

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.