

FILED APR 29 1946
Registration District No. 14

Primary Registration District No. 1002

State File No. _____
Registrar's No. 1761

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3645 Bales Avenue
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

3. (a) PRINT FULL NAME FRANK WILLIAM HUBBARD

3. (b) If veteran, name war No

3. (c) Social Security No. 510-05-9445

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Maude E. Hubbard

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 8th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	5	6	hr. min.
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9. Birthplace Harrisonville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business General Mechanic

MOTHER FATHER { 12. Name Gideon Hubbard

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Maude E. Hubbard

(b) Address 3645 Bales Avenue

17. (a) Burial (b) Date thereof 4/16/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery K.C.M.

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 4-15-46 (b) Shaldon Holmes
(Date received local registrar) (Registrar's signature)

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. 3645 Bales Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1946 hour 4:00 minute 10A.M.

21. I hereby certify that I attended the deceased from April 13, 1946 to April 14, 1946
that I last saw him alive on April 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Distention, acute

Due to Mitral heart Disease chronic

Other conditions Pulmonary edema
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)

23. Signature Frederick E. Wade, MD
(Physician or other)

Address 215 Ogden Bldg Date signed 4/15/46

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.

Allyle B...
2755...