

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1148
294
Registrar's No.

FILED FEB 5 1947
199

Registration District No. _____ 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: 103 Clinton Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community 30 years,

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. 103 Clinton Place,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Reinholdt Edward Huber
(b) If veteran, name war no. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 18
year 1947 hour 5:30 minute P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Ella Huber
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased August 4 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 11 1943
to Jan 18 1947
that I last saw him alive on Jan 18 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>14</u>	hr. min.

Immediate cause of death Congestive Heart Failure + Coronary Artery Disease
Due to Hypertension + atherosclerosis of year

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

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Plumber

Major findings: 938
Of operations _____
Of autopsy _____

11. Industry or business X

MOTHER FATHER
12. Name Christian Huber
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Swandt
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Ella Huber,
(b) Address 103 Clinton Place, K. C., Mo.
17. (a) burial (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

23. Signature Paul Blum (Specify type of place) (e) Means of injury _____
Address 924 Piny Blk. K.C. Mo.
Date signed 1-20-47

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-21-47 (Date received local registrar)
Elizabeth Holmes (Registrar's signature)

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

Dr. Frank B. Leitz, Prof. Bldg.

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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

[Handwritten Signature]

Licensed Embalmer No. *1465*

P. O. Address. *K e m*

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.