

National Office of Vital Statistics  
FILED JAN 13 1948

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5568

1. PLACE OF DEATH: Jackson  
(a) County: Kansas City  
(b) City or town: Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 8 days  
(Specify whether  
in this community: 61 years  
years, months or days)

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.: 2909 E. 26 St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: Frank Loubey  
3. (b) If veteran, name war: None 3. (c) Social Security No.: 430-03-2014

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 29  
year 1947 hour 6 minute A. M.

4. Sex: Male 5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Martha Loubey  
6. (c) Age of husband or wife if alive: 56 years  
7. Birth date of deceased: Sept. 11 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 21 1947 to Nov. 29 1947  
that I last saw him alive on Nov. 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured peptic ulcer with peritonitis

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>18</u>	.....hr. ....min.

Due to: .....

Due to: .....

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

Other conditions: 117 a  
(Include pregnancy within 3 months of death)

10. Usual occupation: None

Major findings:  
Of operations: .....

11. Industry or business: .....

12. Name: Henry Loubey

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

14. Maiden name: Mary Rice

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

16. (a) Informant: Record Clerk

(b) Address: K. C. General Hosp. #1

17. (a) Burial (burial, cremation, or removal) (b) Date thereof: 1-6-48  
(Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director: Weillert Funeral Home

(b) Address: Kansas City, Missouri

19. (a) 12-31-47 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

Of autops: See above

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? .....

(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: 20m 25 heart

23. Signature: Wm. J. Hart (M. D. or other) Med. Dir. Genl Hosp.  
Address: .....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

*Dr. Johnson*

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 *Glenn E. Weibert*  
Licensed Embalmer No. *4075*  
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.