

Registration District No. 149

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: Vineyard Park Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
10 years (Specify whether years, months or days)

In this community _____

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. 1635 Central 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Albert Edward HUBER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15
year 48 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from April
1, 1948, to June 15, 1948.
that I last saw h. im alive on June 15, 1948.
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race Wh

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

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

7. Birth date of deceased September 20 1884
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemiplegia 6667
Duration _____

8. AGE: Years Months Days If less than one day
63 8 25 hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 472
Of operations _____

Of autopsy _____

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

10. Usual occupation Cigar Maker

11. Industry or business own shop

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Frederick Huber

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Brandla 5

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.W.O'Key

(b) Address 3115 Wallace removal

(c) Place: burial or cremation Valley Falls Kansas

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? _____

(a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Kansas City, Mo.

19. (a) 6-15-48 (b) Steraldine Holman
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____ (c) Means of injury 5 road

23. Signature Dr. H. H. ... (M. D. or other)

Date signed 6/15/48

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

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. Heck

Licensed Embalmer No.

4063

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.