

No. 2
12-45
17-39
X47070

FILED AUG 24 1948

Registration District No. 271

Primary Registration District No. 6052

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

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Appleton City R#2 Appleton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 6 Wks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
City or town Kansas City 999
(If outside city or town limits, write "RURAL")
(d) Street No. 1256 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VIOLA C. H. W. B.B.

3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex Female 5. Color or race Wht
6. (a) Single, widowed, married; divorced Widow
6. (b) Name of husband or wife Frank Chubb
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 5 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 13 hr. min.

9. Birthplace West Milton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation none

MOTHER FATHER

11. Industry or business
12. Name John Ullery
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Fisher
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eva Badley
(b) Address Appleton City R#2

17. (a) removal (b) Date thereof 18-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Simmons
(b) Address 1404 So. 37th K.C., Mo.

19. (a) Aug 19-48 (b) Mrs. Cleo Abrey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1948 hour 8:00 minute P M.
21. I hereby certify that I attended the deceased from Aug 18 1948 to Aug 18 1948.
that I last saw her alive on Aug 17 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 B
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) (e) Means of injury

23. Signature A. R. Hansen (M. D. or other) M.D.
Address Appleton City Date signed 8-18-48

RECEIVED

District Health Officer No. 7;

District File Number 2-48-975

Date Filed 8-24-48

28240 61014

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 H. Simmons

Licensed Embalmer No. 3903

P. O. Address K C K

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.