BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. MISSOUTI 1. PRI
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and styre TOWN KANSAS City DECEASED HOSPITAL OR HOSPITAL HOSPITAL OR HOSPITAL HAMP OF HUSBAND OR WIFE Lucille Huber 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 13b. MOTHER'S MAIDEN NAME The Odor's Huber 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 17. INFORMANT'S SIGNATURE OR NAME The Odor's Huber 18. CALUSE OF DEATH Lucille Huber 19. SECURITY (Yes, no, or unknown) UI yes, give war or dates of service) 19. COUNTRY HIS does not mean the mode of dying, such hard fightive, esthemic, cle. If means the dis- case, injury, or compileto- tion which caused death, tion which caused death, tion which caused death, tion which caused death, tion which caused death. Hadden and street to the date of the da
TOWN Kansas City d. FULL NAME OF (If not in bapital or institution, give street address or location) HOSPITAL OR 6515 Holmes Street 3. NAME OF DECEASED (Type or Print) Hugo P. HUBER 6. COLOR OR RACE White White 10a. USUAL OCCUPATION (Give kiled of work dones during most of working life, even if resilved) Retired Engineer 13a. MAME of Engineer 13b. MOTHER'S MAIDE NOCK Island RR 13b. MOTHER'S MAIDE NOCK Island RR 15b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no, or unknown) 10c. USAS OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the discase drive conditions, if any, giving DUE TO (b) The To (c) "This does not mean the discase fine of working the underlying cause last. MOTHER SENSION FLOW IN CONTROL OF The Conditions of the death but not related to the discase firm complication which caused death. Morbid conditions, if any, giving DUE TO (c) The Color of conditions of the death but not related to the decent but not extend the decent cause (a) stating the underlying cause last. Morbid conditions, if any, giving DUE TO (c) The Color of the bases or condition AnticeDent Cause (a) stating the underlying cause last. Morbid conditions, if any, giving DUE TO (c) The Color of the bases or condition causing death. Multiple Durition DUSTRYLL OR STAY (to this place of cause location) (If year site to institution to the death but not related to the death but not related to the deates or condition causing death. Multiple Durition Durition Durition Conditions of the death but not related to the deates or condition causing death. Multiple Durition Durition Durition Durition Conditions or condition causing death. Multiple Durition Durition Durition Durition Durition of the death but not related to the deates or condition causing death. Multiple Durition
d. FULL NAME OF (If not in hospital or institution, five street address or location) 6515 Holmes Street ADDRESS Content ADDRESS Content
DECEASED (Type or Print) DECEASED (Type or Print) Hugo P. HUBER DEATH Mar. 11., 1
male white white married post of working life, even if retired post in the life post of working life, even if retired post in the life post of working life, even if retired post in the life post of working life, even if retired post in the life post of working life, even if retired post in the life p
done during most of working III. even if rectived Retired Engineer Rock Island RR Germany Retired Engineer Rock Island RR Germany Ba. Father's Mame Theodore Huber Josephine Lucille Huber S. WAS DECEASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY II. INFORMANT'S SIGNATURE OR NAME ADD NO. IN IN INFORMANT'S SIGNATURE OR NAME ADD NO. IN INFORMANT'S SIGNATURE OR NAME ADD NO. INFORMANT'S SIGNATURE OR NAME ADD NO. INTERVAL INFORMANT'S S
Theodore Huber Theodore Huber Josephine — Lucille Huber S. WAS DECEASED EVER IN U.S. ARMED FORCES? S. WAS DECEASED EVER IN U.S. ARMED FORCES? To unknown (If yes, sive war or dates of service) 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADD ADD Mrs. Lucille Huber, 6515 Holmes, K.C. MEDICAL CERTIFICATION INTERVAL; ONSET AND Inter only one cause per ne for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, it. It means the distance in which caused death. Morbid conditions, if any, giving DUE TO (b) Generally a Carterias the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Duriteur.
This does not mean the mode of dying, such a heart failure, asthenia, te. It means the disease of scription on which caused death. Il other single of the disease or conditions to the death but not related to the disease or condition causing death. This does not mean the mode of dying, such as heart failure, asthenia, te. It means the disease or complete to the above cause (a) stating the underlying cause last. The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or condition causing death. The conditions contributing to the death but not related to the disease or condition causing death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Arterior Classes with mode of dying, such as heart failure, asthenia, the III means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Arterior Classes with a disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Arterior Classes with a disease or conditions, if any, giving DUE TO (b) Conditions, if any, giving DUE TO (c) The above cause (a) stating the underlying cause last. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Arterior Classes with a death and the mode of dying, such as the disease or conditions of the death but not related to the disease or condition causing death. 2. Grand Total Coronary Arterior Classes with a death but not related to the disease or condition causing death.
the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) Generalized Arteriasetrosis DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Morbid conditions, if any, giving DUE TO (b) Generalized Arteriasetrosis DUE TO (c) 4201 Autorialized Arteriasetrosis Due TO (c) Autorialized Arteriasetrosis Due TO (c)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Druktenle: 20. AUTOR
10. DATE OF ORERA LIST MAJOR FINDINGS OF OPERATION
TION YES X
21a. ACCIDENT (Specify) 21b. PLACEOF INJURY (e.g., in or about bome, farm, factory, etreet, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STA
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY
22. I hereby certify that I attended the deceased from $\frac{3-14}{2}$, $\frac{1949}{2}$, to $\frac{3-14}{2}$, $\frac{1949}{2}$, that I last saw the alive on $\frac{3-14}{2}$, $\frac{1949}{2}$, and that death occurred at $\frac{9}{2}$ m., from the causes and on the date stated above.
23e. SIGNATURE Armold V. Arms (Degree or title) 23b. ADDRESS 23c. DATE (23c. DATE 23c.
24a. BURIAL CREMA- TION REMOVAL (Boodly) Removal 3-16-49 24c. NAME OF CEMETERY OR CREMATORY Belleville, Kansas Removal
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 3-16-49 REGISTRAR'S SIGNATURE ADDRESS Mollody-McGilley-Eylar, Kansas City (General Embalmer's Statement on Reverse Side)

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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
	Student Embalmer No
working under my personal supervision.	

Student Embalmer

Licensed Embalmer No. 4632

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.