

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
**2469**

|  |  |   |   |  |   |  |   |
|--|--|---|---|--|---|--|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. <u>2469</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place) <u>54 yrs</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |   | d. STREET ADDRESS (If rural, give location) <u>320 N Quincy</u>                  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u>   |  |   |   | d. STREET ADDRESS (If rural, give location) <u>320 N Quincy</u>  |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>JULIUS</u> b. (Middle) <u>FRANK</u> c. (Last) <u>HUBER</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 6 1949</u> |  |   |  |   |
| 5. SEX <u>male</u>   |  | 6. COLOR OR RACE <u>white</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  |   | 8. DATE OF BIRTH <u>Aug 2 1894</u>   |   |
| 9. AGE (In years last birthday) <u>54</u>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |   | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |   |  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter &amp; Paper hanger</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>               |  | 11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>                 |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Frank M.</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Theresa Boehm</u>              |  | 14. NAME OF HUSBAND OR WIFE <u>Mary</u>   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War #1</u>   |  |   | 16. SOCIAL SECURITY NO. <u>499-10-6253</u>                  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Huber</u> ADDRESS <u>320 N Quincy</u> |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>White Coronary Occlusion</u>  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH        |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |  |   |  |   |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>42.01</u>           |   |  |   |  |   |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>  |   |  |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____  |   |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR? _____   |   |  |   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.        |  |   |   |  |   |  |   |
| 23a. SIGNATURE (Name or title) <u>A.E. Upsher</u>  |  |   |   | 23b. ADDRESS <u>2800 main</u>  |   | 23c. DATE SIGNED <u>6/7/49</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>6-9-1949</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth, Kans.</u>      |   |
| DATE REC'D BY LOCAL REG. <u>6-7-49</u>   |  | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman &amp; Son, Inc Kansas City, Mo.</u>  |   |  |   |

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

JUL 1 1949

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*H. D. Blackman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3639*

P. O. Address *KC 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.