

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 5 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1742

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

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:
801 EAST GREGORY BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 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. 801 EAST GREGORY BLVD.
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country GERMANY

3. (a) PRINT FULL NAME MRS. ANNA MARIE HUBEL
(b) If veteran, name war NO
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 19TH
year 1944 hour 6 minute 30A M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife MR. CHRISTIAN HUBEL
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased OCTOBER 16 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15 44
19____, to April 19 44 19____;
that I last saw her alive on April 18 8 PM 1944;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 6 3 _____ hr. _____ min.

Immediate cause of death Ventricular fibrillation of Heart
Duration _____

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

Due to _____
Due to _____

10. Usual occupation HOUSEWIFE

Other conditions Dehydration
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:
Of operations 950
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name JOHN PILGRAM
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name GERTRUDE UNKNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MR. CHRISTIAN HUBEL
(b) Address 801 EAST GREGORY BLVD
17. (a) REMOVAL (b) Date thereof APRIL 20 1944
(Burial, cremation, or removal) (Specify type of place)
(c) Place: burial or cremation ST. LOUIS MISSOURI

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 _____

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 4-20-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Joseph C. Weischnick (M. D. or other)
Address 630 219 1/2 Ark St Date signed April 19 44

10/10/1919

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

Emile M. Colburn

Licensed Embalmer No:

3506

P. O. Address

R.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.