

FILED DEC 3 1943
199

Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County...
(b) City or town... Kansas City
(c) Name of hospital or institution: K.C. General Hospital No 1
(d) Length of stay: In hospital or institution... 1 day
In this community... 25 yrs.

2. USUAL RESIDENCE OF DECEASED: Jackson 48
Missouri
(a) State... (b) County...
(c) City or town... Kansas City 3
(d) Street No. 4700 E. 54th St. Terrace 8
(e) Citizen of foreign country? (Yes or No) 1

3. (a) PRINT FULL NAME: Edmond Cubine

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

4. Sex: M 5. Color of W: Race
6. (a) Single, widowed, married: 3 divorced, divorced

6. (b) Name of husband or wife: Bridges Cubine
6. (c) Age of husband or wife if alive: 5 years

7. Birth date of deceased: Jan 5 1891

8. AGE: Years 57 Months 10 Days 12

9. Birthplace: Ev Valley Mo

10. Usual occupation: Truck Hauling

11. Industry or business: LICENSED EMBALMER

12. Name: Wm H. Cubine

13. Birthplace: Virginia

14. Maiden name: Virginia

15. Birthplace: Virginia

16. (a) Informant: John Cubine
(b) Address: 7220 Poplar

17. (a) Date of death: 11-17-43
(c) Place: burial or cremation: Not known

18. (a) Signature of funeral director: N. E. Brown
(b) Address: 2815 Central

19. (a) Date received local registrar: 11-19-43 (b) Registrar's signature: N. E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 17, year 1943, hour 1, minute 45 A. M.

21. I hereby certify that I attended the deceased from November 16, 1943 to November 17, 1943, that I last saw him alive on November 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute toxic jaundice
Due to...
Due to... 125 lbs

Other conditions (Include pregnancy, within 3 months of death):

Major findings: Of operations...
Of autopsy...

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? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician: [Signature]
(Specify type of place) ...
(c) Means of injury ...

Duration
Physician
Underline the cause to which death should be charged statistically.

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 Henry Bergman
Licensed Embalmer No. 7041
P. O. Address 700 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.