

FILED AUG 9 1945

Registration District No. 234

Primary Registration District No. 3046

Registrar's No. 259

1. PLACE OF DEATH:

(a) County: Moniteau Co., Mo.  
(b) City or town: California, Mo., Walker  
(If outside city or town limits, write "RURAL"; and name of township)  
(c) Name of hospital or institution:  
Gen. Del. California, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
(Specify whether  
In this community: Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau 68  
(c) City or town: California, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No.: \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Annie Margaret Kubli

3. (b) If veteran, name war: No 3. (c) Social Security No.: No

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 9 1864  
(Month) (Day) (Year)

8. AGE: Years: 81 Months: 3 Days: 17 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: House Wife

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Samuel V. Cook

13. Birthplace: South Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Carol

15. Birthplace: Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Henry Wyes

(b) Address: California, Mo.

17. (a) Burial (b) Date thereof: July 28 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Kubli Cemt.

18. (a) Signature of funeral director: Bowlin Funeral Home

(b) Address: California, Mo.

19. (a) 7-28-45 (b) H. J. Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1945 hour 12 minute 03 P M.

21. I hereby certify that I attended the deceased from July 13  
1945 to July 26, 1945  
that I last saw her alive on July 25, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration: 1 year  
Due to: Generalized arteriosclerosis 10 years

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

Major findings: \_\_\_\_\_  
Of operations: 930  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (r) Means of injury: 0

23. Signature: Henry Wyes (M. D. or other)  
Address: California, Mo. Date signed: 7-27-45

1312

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-9-45

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 Me

..... Registered Apprentice No.....

working under my personal supervision.

Signed Earl R. Souler

Licensed Embalmer No. 2126

P. O. Address California, M.

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.