

10 JUN 10 1943
Registered District No. 24

Primary Registration District No. 8046

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

1. PLACE OF DEATH:

(a) County Moniteau Co.
 (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:
No
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 18 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town California, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 508 N Oak St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Karl Fredrick Kubli
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Caroline Kubli
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased May 20 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 27 hr. min.

9. Birthplace Moniteau Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Manuel Kubli
 13. Birthplace Switz (City, town, or county) (State or foreign country) 5
 14. Maiden name Martha Farley
 15. Birthplace Switz (City, town, or county) (State or foreign country) 5

16. (a) Informant K. H. Kubli
 (b) Address 1700 E. Roy, Sedalia Mo

17. (a) Burial (b) Date thereof May 19 1943
 (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. May 18-43 W. J. Galley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 6 minute A.M.
 21. I hereby certify that I attended the deceased from March 2 1943 to May 17 1943
 that I last saw him alive on May 16 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease
Arricular fibrillation
Generalized arteriosclerosis
 Due to.....
 Due to.....

Other conditions (Include pregnancy within 3 months of death) 95 a

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

Duration
2 weeks
2 weeks
2 years
 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?

While at work? (Specify type of place).....
 (e) Means of injury.....
 23. Signature Kenyon Latham (M. D. or other) 0
 Address California Date signed 5-17-43

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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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed:

Earl R. Boulton

Licensed Embalmer No.

2126

P. O. Address.

California

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.