

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2005

STATE FILE NUMBER

FILED MAY 8 1961

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas CityLength of stay in 1b  
Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Menorah Medical CenterInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

441 East 69th Street - TERR

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
GeorgeMiddle  
V.Last  
Hucke4. DATE  
OF  
DEATHMonth  
AprilDay  
22ndYear  
1961

## 5. SEX

Male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-9-87

## 9. AGE (last birthday)

74 years

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Builder &amp; Real Estate

## 10b. KIND OF BUSINESS OR INDUSTRY

Residential

## 11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U S

## 13a. FATHER'S NAME

George N/M/I Hucke

## 13b. MOTHER'S MAIDEN NAME

Clara Muehlbach

## 14. NAME OF HUSBAND OR WIFE

Katherine W. Hucke, dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

496-01-8048

## 17. INFORMANT

Harold E; Hucke, 7224 Main St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute pulmonary edema

INTERVAL BETWEEN  
ONSET AND DEATH

8 hours

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arteriosclerotic Heart Disease

10 yrs.

## DUE TO (c)

Generalized Arteriosclerosis

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Nov. 1, 1958 to April 22, 1961

Death occurred at 3:02 a.m. on April 22, 1961 on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

A. S. Braverman, M.D.

## 22b. ADDRESS

701 S 63rd K.C. 10, Mo.

## 22c. DATE SIGNED

4/22/61

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

4-24-61

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

A. E. Wagner Funeral Home, K.C. Mo.

## 25. DATE RECD. BY LOCAL REG.

4-22-61

## 26. REGISTRAR'S SIGNATURE

Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Braverman

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alvin R. Haenschel

Licensed Embalmer No. 4159

P. O. Address H. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.