N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EFF: JAN 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42649
Do not use this space.

17
3
1

1. PLACE OF DEATH
(a) County Carroll 2 Registration District No. 135
(b) Township 1 Primary Registration District No. 3010 Registered No. 130
(c) City Carrollton (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 16 Coleman N. Hubbard
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Belle Booker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1873
7. AGE YEARS 65 MONTHS 6 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (~~CITY OR TOWN~~) (STATE OR COUNTRY) Carroll Co. Mo.

FATHER
13. NAME Geo W Hubbard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Mary Ann Calvert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Clarence Hubbard Carrollton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 12-24 1938
19. FUNERAL DIRECTOR (NAME) Standley (ADDRESS) Carrollton Mo.
20. FILED 12/23 1938 Ruth Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Dec. 23, 1938
I last saw him alive on Dec. 19, 1938 Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

Hyper Tension

16 2

Date of onset

Other contributory causes of importance:

Old Age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) R. Hamilton Stator, M. D.
(Address) Carrollton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/13/39

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, Ben W Gibson, or by .....

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

Signed Ben W Gibson

Licensed Embalmer No. 296

P. O. Address Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.