

MAR 9 1939

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

5554  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002 Registered No. 753  
 (c) City Louisa City (d) Street No. St. Luke's Hosp. 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 Clarence P. Hubbs  
 (a) Residence, No. 4230 Campbell St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 29 7 22

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanical  
 9. Industry or business in which work was done, as saw mill, bank, etc. Engineer  
 10. Date deceased last worked at this occupation (month and year) 154 11. Total time (years) spent in this occupation 154

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME Milton L. Hubbs  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Lela M. Hardy  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Rev. Alfred R. Hardy  
 (ADDRESS) Waco, Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Wash. DATE Feb 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose & Neudorfer  
15 Jackson

20. FILED 2/21 1939 Dr. M. Browe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-1-31 to 2-20, 1939  
 I last saw him alive on 2-20, 1939. Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Osteomyelitis of R. Ilium & Sacrum  
Epistaxis  
Non tuberculous 154  
 Date of onset 1923  
2-20-39

Other contributory causes of importance Amlyoid disease ?

Name of operation Sequesterectomy R. Ilium Date of 1-17-38  
 What test confirmed diagnosis? X ray Was there an autopsy? yes

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Duncan C. McFeyfer M. D.  
 (Address) 1400 Prof. Bldg.

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**