DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38491

DEC 11 1939

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4255

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WESLEY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 1 WEEK (Specify whether years, months or days)

In this community 35 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1911 EAST 45TH STREET
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 37 years.

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3. (a) PRINT FULL NAME MR. JOHN GEORGE HUBBARD

3. (b) If veteran, name war NONE

3. (c) Social Security No. 495-05-0294

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. LILLIAN HUBBARD

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased DECEMBER (Month) 3 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	4	hr. min.

9. Birthplace LONDON (City, town, or county) ENGLAND (State or foreign country)

10. Usual occupation FIREMAN & OILER

11. Industry or business MUEHLEBACH BREWERY

FATHER
12. Name WILLIAM HUBBARD
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Hubbard

(b) Address 1911 E. 45th

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-9-39 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ FOREST HILL

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) Nov 7 1939 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 7TH year 1939 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 31, 1939 to Nov 7, 1939; that I last saw him alive on Nov 6, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	3 days
Due to 51	
Due to	
Other conditions Carcinoma Prostate (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations
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? 1 (Specify type of place)

While at work? (e) Means of injury

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23. Signature MR Ferster M.D. (M. D. or other)

Address 1529 Lister Av. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-5-17-39
Rev. 5-17-39
1 X19511

1529 Fister
2-4

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. 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 this body is not embalmed, above space should be left blank.