

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42210

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4619

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Research Hospital, K. C. Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether
 In this community 17 years
years, months or days)

3. (a) PRINT FULL NAME John R. Tubbs, 12-0
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 486-01-7130

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edna Tubbs,
 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased March 1st, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Pulaski Co., Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Garage Assistant, at
Mrs. C.L. Forster F. Home.

11. Industry or business
 12. Name Joe Henry Tubbs,
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Belle Warren,
 15. Birthplace Pulaski County, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Tubbs
 (b) Address Turon, Kansas

17. (a) Burial (b) Date thereof Dec. 4 39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Neola Cemetery, Turon, Kansas.

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918 Brooklyn Avenue, K. C. Mo.

19. (a) Dec 4 39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL")
 (d) Street No. 319 East 9th, Str., K. C. Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 -1939.
 year 39 hour 8:20 minute AM.

21. I hereby certify that I attended the deceased from Crown, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull
Fracture of the base of the skull
of the base - Hemiparesis
Due to Automobile traumatism
Collision of motor Over with truck
 Duration _____

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy See above
 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) Accident
 (b) Date of occurrence 11/30/39
 (c) Where did injury occur Banana St. between 9th and 10th
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? longway

While at work Yes (Specify type of place) See above
 (e) Means of injury _____

23. Signature [Signature] (M. F. or other) _____
 Address [Signature] Date signed Dec 3 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, or by.....

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

Signed Theron A. Redman

Licensed Embalmer No. 2437

P. O. Address R.P.M.D.

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.