DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7543

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Reynolds Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. 116½ West Spring St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Guy Hubbert 163
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 23 (Day) 1873 (Year)

8. AGE: Years 66 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Cassville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER
12. Name George Hubbert
13. Birthplace Cassville (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mollie Fulbright
15. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature Clare Miller
(b) Address Monett Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director Early Thompson
(b) Address Neosho Mo
19. (a) 2-20-40 (Date received local registrar) (b) Ora A. Eakerwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13 year 1940 hour 5:15 minute A. M.
21. I hereby certify that I attended the deceased from Jan. 11, 1940, to Jan. 12, 1940; that I last saw him alive on Jan. 12, 1940; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Lobar pneumonia | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Maness (M. D. or other) M.D.
Address Neosho, Mo. Date signed 1-24-40

(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.

RECEIVED
District Health Officer No. 6,
District File Number 3440-842
Date Filed MAR 1 3 1940

**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 Gail K. Gay, Registered Apprentice No. 189 working under my personal supervision.

Signed Carly Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.**