No. 2
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5-17-39
PI X23159

REC JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22523

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 217

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

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4
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1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia 7
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 W. Morgan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 yrs 16 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 404 W Morgan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Hubbard
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vennie Hubbard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 22 (Day) 1870 (Year)

8. AGE: Years 70 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Hollywood (City, town, or county) Miss. (State or foreign country) 0
10. Usual occupation Retired porter 9
11. Industry or business 2
MOTHER FATHER
12. Name Don't know 1
13. Birthplace " " (City, town, or county) (State or foreign country)
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Vennie Hubbard
(b) Address 404 W. Morgan
17. (a) Sedalia, Mo. (Burial, cremation, or removal) (b) Date thereof June 27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo.
18. (a) Signature of funeral director J. Price Alexander
(b) Address 400 W Cooper
19. (a) 6-27-40 (Date received local registrar) (b) Mrs. Harry Snood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1940 hour 9 minute 8 M.
21. I hereby certify that I attended the deceased from May 18, 1940, to June 24, 1940
that I last saw him alive on June 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Grewing Interstitial Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
906 (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

3 0 3 3

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-40

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

Signed Price Alexander

Licensed Embalmer No. 3572

P. O. Address Sedalia Mo.

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

If this body is not embalmed, fact should be so stated above.