

FILED OCT 23 1940

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 171

1. PLACE OF DEATH:

(a) County St. Francois Co.
(b) City or town Near Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mo. 1 day
(Specify whether years, months or days)

8. (a) PRINT FULL NAME William E. Huber

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Elizabeth Chamness 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April 20 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>1</u>	hr. _____ min.

9. Birthplace Gaston Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business _____

12. Name Ferd Huber

13. Birthplace Whittenburg Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Whittenburg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospt. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 9-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherry Grove Cem., Lynn.

18. (a) Signature of funeral director Howard L. Haman Indiana

(b) Address Cape Girardeau, Mo.

19. (a) Sept 26-40 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 7 No. Park
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1940 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 11-20-39, 1939, to 9-21-, 1940;

that I last saw him alive on 9-20, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
General paralysis of
insane 1+yrs?

Due to
Unusual General anesthesia

Due to
Mild Hypertensive heart disease.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Geo. Tivis Graves, Jr. M. D. or other M. D.
Address Farmington, Mo. Date signed _____

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

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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.