

2-40  
7-39  
K23159

JUL 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22163

State File No. \_\_\_\_\_

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Hennepin Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 27 years  
years, months or days

3. (a) PRINT FULL NAME Frances Hubbard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife William Pennewell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 17, 1913  
(Month) (Day) (Year)

8. AGE: Years 27 Months 9 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Hubbard  
13. Birthplace Hannibal Missouri  
(City, town or county) (State or foreign country)

14. Maiden name Kate Elgin  
15. Birthplace Balsamor Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Hubbard  
(b) Address 623A Broadway

17. (a) Burial (b) Date thereof June 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Int. Dept. Cemetery

18. (a) Signature of funeral director Ray B. Schwartz  
(b) Address Hannibal Missouri

19. (a) June 10 1941 (b) W. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 623A Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6<sup>th</sup>  
year 1941 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1941 to June 6, 1941  
that I last saw her alive on June 6, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sine

Due to \_\_\_\_\_  
Due to 174

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature W. Fisher (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed June 7 1941

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Ray P. Schwartz*, Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Ray P. Schwartz*

Licensed Embalmer No. *1765-0*

P. O. Address..... *Hannibal, 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, fact should be so stated above.**