

Registration District No. 502

Primary Registration District No. 4305

FILED OCT 27 1941

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marceline Mo
(c) Name of hospital or institution Putman Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Brookfield Mo
(d) Street No. Lockhart Ave.
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME THEODORE CLIFFORD HUBBARD

8. (b) If veteran, name war _____ 8. (c) Social Security No. Yes - couldn't find

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Bora Hubbard
6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Dec 1st 1901

8. AGE: Years 39 Months 9 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Brookfield Mo

10. Usual occupation Asst. Foreman

11. Industry or business Shoe Factory

12. Name Clark S. Hubbard
18. Birthplace Brookfield Mo
14. Maiden name Saura Erwin
15. Birthplace Pittsfield Ill

16. (a) Informant's own signature Ray D. Hubbard
(b) Address Meadville Mo.

17. (a) Burial (b) Date thereof Oct 11 1941
(c) Place: burial or cremation Rose Hill Brookfield

18. (a) Signature of funeral director John D. Purak
(b) Address Brookfield Mo.

19. (a) 9-30-41 (b) Alvin L. Sargent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 27, 1941, to Sept 29, 1941; that I last saw h. 100 alive on Sept 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death fracture skull
Due to Automobile accident

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept 27 1941 1.53
(c) Where did injury occur? Linn Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway # 36 1 mi west Marceline Junction
While at work? no (e) Means of injury Automobile accident
23. Signature G. D. Putman (M. D. or other) MD
Address Marceline Date signed 10/6/41

WRITE PLAINLY—USE INK—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.

MOTHER FATHER

Duration
48 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically

MADE IN U.S.A.

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..... *John D. Rusak*
Licensed Embalmer No. *3805*
P. O. Address..... *Brookfield 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.

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theodore C. Hubbard

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1941 hour _____ minute _____ M.

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 1 1901
(Month) (Day) (Year)

Immediate cause of death Auto accident

Due to Ran off the road & hit a guard object (Bridge)

Due to _____

8. AGE: Years 39 Months 9 Days 10 If less than one day _____ min.

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept 27 1941

(c) Where did injury occur? Highway 3. 3 mi. west Marceline
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway # 3. 3 mi. west Marceline
While at work? No (Specify type of place) (e) Means of injury Automobile

23. Signature G. D. Putman (M. D. or other) M.D.
Address Marceline Date signed 12/1/41

SUPPLEMENTARY

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

STANDARD READING YOUNG CLASS

S-35414