

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43119

DEC 31 1941 798

Registration District No. _____

Primary Registration District No. 6042

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Nelson "Rural" (Rural)
(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)
In this community 15 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1941 hour 4:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from Mar 14th
1941, to May 6th, 1941;
that I last saw her alive on May 6th, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of Throat Duration _____

3. (a) PRINT FULL NAME ELPHA ANN HUBBARD

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Henry Hubbard 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May - 4 - 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months - Days 4 If less than one day hr. _____ min. _____

9. Birthplace Versailles Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Sylvia
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant James Henry Hubbard
(b) Address Nelson Mo
17. (a) Burial (b) Date thereof 5-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Mo

18. (a) Signature of funeral director Harry Herschberger
(b) Address Marshall Mo
19. (a) Dec 26, 1941 (b) C. L. Chiswick
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy No
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. L. E. Bruntz (M. D. or other) _____
Address Marshall Mo Date signed 5-9-41

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

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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

Fred Welkerson

Licensed Embalmer No.

2478

P. O. Address

Clenden 9th

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.