. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7038

Registration District No. 427 Primary Registration District No. 4253 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution xxxx (Specify whether
In this community xxxx 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Rochos Huber

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Kate Huber

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August (Month) 16 (Day) 1869 (Year)

8. AGE: Years 72 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired Banker

11. Industry or business as above

FATHER
12. Name Joseph Huber
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Knaupp
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Kate Huber
(b) Address Holden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) March 12 42 (Date received local registrar) (b) Mrs Frank Morrin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1942 hour 11:15 A minute M.

21. I hereby certify that I attended the deceased from Aug 1940
Mar 6, 1941 to Mar 6, 1942
that I last saw alive on Mar 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Circulatory Collapse — Duration 2 hrs

Due to Advanced recurrent Adeno Carcinoma base Tongue — Year

Due to primary Carcinoma of Floor of mouth in 1937

Other conditions Chronic Vesical
(Include pregnancy within 3 months of death)
fistula post Operative

Major findings:
Of operations Biopsy Adeno Carcinoma
Of autopsy 45c

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) no

(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 H. F. Thompson (M. D. or other)

Address Holden Mo Date signed 3/8/42

1002 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District F. . Number.....
Date Filed 3-18-42

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 M L Conaday

Licensed Embalmer No. 1384

P. O. Address Holden, Missouri

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.