

FILED MAY 14 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 92

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1511 Hazel Ave.
(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)
 In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 1511 Hazel Ave.
(If rural, give location)
 (e) Citizen of foreign country? No.
 If yes, name country

3. (a) PRINT FULL NAME Mary Chubb
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife William
 6. (c) Age of husband or wife if alive, years 1850
 7. Birth date of deceased Jan 9 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	3	15	hr. min.

9. Birthplace Crown Point Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER
 12. Name James Roberts
 13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Pierce
 15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ella M Chubb
 (b) Address 1511 Hazel Ave. Carthage Mo.

17. (a) Burial (b) Date thereof April 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) April 25, 1942 (b) Elizabeth Coplan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
 year 1942 hour 8 AM minute 0 M.

21. I hereby certify that I attended the deceased from April 4, 1942 to April 24, 1942
 that I last saw her alive on April 24, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration 10 yrs.

Due to Senility

Due to none 93d
 Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations none
 Of autopsy none
 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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
 (g) Means of injury

23. Signature George H. Wood (M. D.)
 Address Carthage Mo Date signed 4/25/42

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 *John D. Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage 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.