

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1805 Wall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 11 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Franklin Hubbard

3. (b) If veteran, name war. 3. (c) Social Security No. 491-01-4178

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Hubbard
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 27 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 10
If less than one day . hr. min.

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

10. Usual occupation Best Cleaners
11. Industry or business Delivery truck

12. Name Tom Hubbard
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Shoemaker
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Hubbard
(b) Address 1805 Wall, Joplin, Missouri
17. (a) Burial (b) Date thereof 4-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Powers Cem.

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 4-7-42 (b) Gustave Sudhaetter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1805 Wall
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1942 hour 2:30 minute 8 M.

21. I hereby certify that I attended the deceased from April 7 1942
that I last saw him alive on April 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Secondary anemia

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 93d

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) 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?

While at work (Specify type of place) (e) Means of injury
23. Signature Date signed 4/7/42

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

49
2
3

Handwritten notes and signatures on the left margin.

42.4-397

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.