

S. No. 2
-11-10-39
v. 5-17-39
I X21402

24232

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MISS AUG 10 1942

Registration District No. 266

Primary Registration District No. 5371

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Current typ
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 0 years.

3. (a) PRINT FULL NAME John W. Hubbs

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Curtin 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 6 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business X

MOTHER FATHER { 12. Name James Hubbs
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Jane Christman
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant James Hubbs
(b) Address Salem Mo

17. (a) burial (b) Date thereof 7/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Forest Cem

18. (a) Signature of funeral director Carl K. [unclear]
(b) Address Salem Mo

19. (a) 7-28-42 (b) Jan D. [unclear]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1942 hour 7 minute 1 A. M.

21. I hereby certify that I attended the deceased from July 23 1942 to July 27 1942,
that I last saw him alive on July 25 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronal Hemorrhage

Due to: Hypertension and arteriosclerosis

Due to: Bilateral Bronchopneumonia

Other conditions: Bilateral Bronchopneumonia
(Include pregnancy within 3 months of death)
Major findings: 3a!
Of operations:
Of autopsy:

Duration 4 days
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?
(Specify type of place)

23. Signature [unclear] (M. D. or other) MD
Address Salem Missouri Date signed 7-28-42

1111 (Licensed Embalmer's Statement on Reverse Side)

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

000

6
15

RECEIVED

District Health Officer No. 6,

District File No.

742477

Date Filed

8-6-42

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, Geby

, Registered Apprentice No.

working under my personal supervision.

Signed

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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.