

FILED SEP 2 1942
Registration District No. 87-13

Primary Registration District No. 3007

Registrar's No. 261

12
7
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Butte

(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community 12 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Chester Charles Hubbard.

3. (b) If veteran, name war: -

3. (c) Social Security No.:

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: -

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

7. Birth date of deceased: Sept 26 1930
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
11	10	20	hr. min.

9. Birthplace: Doniphan Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: school boy

11. Industry or business:

12. Name: John Ernest Hubbard.

13. Birthplace: Doniphan Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Jesse Keba Sharp.

15. Birthplace: Doniphan Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Gem E. Hubbard.

(b) Address: Doniphan, Mo.

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 8-21-42
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cent.

18. (a) Signature of funeral director: Blacker Mortuary

(b) Address: Doniphan, Mo.

19. (a) 8-20-42 (b) P. H. Turner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ripley 9/

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

(d) Street No.:

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 20
year: 1942 hour: 12 minute: 50 P. M.

21. I hereby certify that I attended the deceased from Aug 8
1942 to Aug 20 1942
that I last saw h. w. alive on Aug 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: acute suppurative pericarditis

Due to: unrelieved hypertension 15 days

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

Duration

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): none

(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: J. M. Harrison (M. D. or other)

Address: Poplar Bluff, Mo. Date signed: 8-20-42

RECEIVED

District Health Office No. 2,

District File Number 942-1095-

Date Filed 9-1-42

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.