

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural - Fessenden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN ADOLPH HUBER

3. (b) If veteran, name war:

3. (c) Social Security No. 489-01-7365

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 year 1942 hour 1 minute 15 A.M.

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

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: August 10 1917
(Month) (Day) (Year)

Immediate cause of death: By running into loaded truck that caused skull injuries resulting in fatal results.

Due to fatal results.

8. AGE: Years 25 Months 0 Days 28 If less than one day hr. min.

Due to

Other conditions: 170c 8
(Include pregnancy within 3 months of death)

9. Birthplace Festus Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business:

Major findings: 170c 22
Of operations:

Of autopsy:

PHYSICIAN: —
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Charles Huber

13. Birthplace St. Genevieve Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Mc Rath

15. Birthplace Perry D. House Ill.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 150

(b) Date of occurrence Sept. 8, 1942

(c) Where did injury occur? near Festus, Jefferson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on 2 S, June 6/46

While at work? no (Specify type of place)
(e) Means of injury motorcycle

16. (a) Informant: Mrs Charles Huber

(b) Address: Festus Mo. R. F. D. #2

17. (a) Burial (b) Date thereof: 9-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Festus Mo.

18. (a) Signature of funeral director: H. S. Ungard

(b) Address: Festus Mo.

19. (a) 9/9/42 (b) H. P. Obering
(Date received local registrar) (Registrar's signature)

23. Signature D. W. Walsh, Jr. Acting Coroner
Address Crystal City, Mo. Date signed 9/18/42

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

50000

#1

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.....

A. W. Myer

Licensed Embalmer No.

3010

P. O. Address.....

Fisher MD

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.