

FEB 11 1943

State File No. \_\_\_\_\_

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Randolph  
 (b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
106 So. Ault /  
(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 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 106 So. Ault St.  
(If rural, give location)  
 (e) Citizen of foreign country? Yes (Yes or No)  
 If yes, name country Canada

3. (a) PRINT FULL NAME Henrietta Rubb

3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 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 8<sup>th</sup> 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 21 hr. min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name George Rubb

13. Birthplace Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette Cook

15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Rubb

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Jan. 31<sup>st</sup> 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) 1-31-43 (b) Anna Hove  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29<sup>th</sup>  
 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 29/43 to Jan. 29/43 1943;  
 that I last saw him alive on Jan. 29/43 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
 Duration few hours

Due to arterial Hypertension

Due to \_\_\_\_\_

Other conditions 830  
(Include pregnancy within 3 months of death)

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) (a) Means injury

23. Signature R. E. Huber MD (M. D. or other)

Address Moberly Mo Date signed 1-31<sup>st</sup> 1943

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

78  
6  
3

88  
6  
0

1036

RECEIVED

District Health Officer No. 10

District File Number 2-43-222

Filed FEB 10 1943

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.