S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5938

LED MAR 11 1943

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town Fulton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 414 Penn Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ms. Mattie Cave
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Jordon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased — (Month) — (Day) 1877 (Year)

8. AGE: Years 66 Months — Days — If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Boyd Hubbard
13. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Renie King
15. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Frances Chestham
(b) Address 904 W. Morton Jacksonville Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 43 (Month) (Day) (Year)
(c) Place: burial or cremation New Richland Cem. Cal. Co. Mo
18. (a) Signature of funeral director Eli Bell
(b) Address Fulton, Mo
19. (a) Feb 8 1943 (Date received local registrar) (b) Josie Morsin Kroff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1943 hour 6 minute 35 A.M.
21. I hereby certify that I attended the deceased from Dec 7th, 1942 to Feb 5, 1943
that I last saw her alive on Feb 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia
Chronic Myocarditis
Due to Gangrene of rt foot.
Rt side hemiplegia.
Due to Gangrene of the rt foot
rt side hemiplegia, Myocarditis
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Gangrene of rt foot
Of autopsy 93d

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)
(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)
While at work? (e) Means of injury
23. Signature M. A. Richardson (M. D. or other)
Address 529 A Court St Fulton Mo Date signed Feb 8-43

1149

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 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 Eli Bell

Licensed Embalmer No. 2130

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.