S. No. 2
M—5-42
5-17-39
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. 6698

FILED FEB 10 1943

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 69

51 / 0

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South Main Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not hospitalized (Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 51

(a) State Missouri (b) County Johnson /
(c) City or town Holden 0
(If outside city or town limits, write "RURAL")
(d) Street No. So. Main Street,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xx 0

3. (a) PRINT FULL NAME MARION FRANCIS HUBER

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

4. Sex male
5. Color or race 0 cauc
6. (a) Single, widowed, married, divorced / married
6. (b) Name of husband or wife Theresa Huber
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased September 71 1903 (Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Holden, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Grocer
11. Industry or business Retail Grocery Store

FATHER
12. Name Charles Huber
13. Birthplace Holden Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maude Martin
15. Birthplace Ava, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Theresa Huber
(b) Address Holden, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Catholic Cem.
18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.
19. (a) Jan. 21-1943 (Date received local registrar) (b) Gladys Ferguson Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th year 1943 hour 9:37 minute A M.
21. I hereby certify that I attended the deceased from Nov 8, 1942, to Jan 11, 1943 that I last saw him alive on Jan 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver (Etiology not determined)
Due to
Due to 124 b1
Other conditions Pulmonary Edema
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

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 Kelly Rawlins D (M. D. or other)
Address Holden Mo Date signed 1/12/43

1002 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-9-43

FEB 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 Samuel B. Rogers.

Licensed Embalmer No. 4044

P. O. Address Holden, 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.