

S. No. 2
M-243
5-17-39
1 X182

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18407
Registrar's No. 131

Registration District No. 10

Primary Registration District No. 5771

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Marion
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Years
In this community 6 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Ida H. Hubbard
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James Hubbard 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Feb. 22 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Marion Co., Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Wm. Thomas Massey
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Jordan
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Hallie Donelson
(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 5-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Princeton, Mo.
(b) Address Princeton, Mo.

19. (a) 5-26-43 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town Rural Marion
(If outside city or town limits, write "RURAL")
(d) Street No. N. Of Princeton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country No

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month May day 23
year 1943 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from March 20 to May 23
that I last saw her alive on May 20
and that death occurred on the date and hour stated above.

Immediate cause of death Primary carcinoma descending colon with metastases to liver. Well developed when d agnosed.
Due to liver. Well developed when d agnosed.

Due to liver. Well developed when d agnosed.
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(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?

23. Signature Dr. J. S. ... (M. D. or other) M.D.
Address Princeton Mo Date signed 5/24/43

(Licensed Embalmer's Statement on Reverse Side)

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

165
00

FILED JUN 12 1943

65
00

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1117

1173

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 H. Jon Martin.....

Licensed Embalmer No. 3760.....

P. O. Address Princeton, 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.