

No. 2  
M-2-43  
5-17-39  
X-397

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20871

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

FILED JUN 29 1943

Primary Registration District No. 10-0-0 3134

Registrar's No. 668

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
Rural Route #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 10 years  
years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #4  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Joseph Lubber

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Magdalena

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 14 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Monroe Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Western Tablet Co.

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

MOTHER FATHER { 12. Name John B. Lubber

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

14. Maiden name Catherine Reiner

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

16. (a) Informant Newton H. Lubber

(b) Address R 4 St Joseph, Mo.

17. (a) Burial (b) Date thereof 6-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun St.

19. (a) 6-5-43 (b) Rose Hezog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 4, 1943, to May 13, 1943  
that I last saw him alive on May 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Chronic Myocarditis

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

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

Other conditions (include pregnancy within 3 months of death) 93d

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration Acute

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Manner of injury 2

23. Signature W. R. ... (M.D. or other) 10

Address 223 Kerby Street Date signed 6/11/43

1233

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Robert H. Geph

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.**