

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21865**

JUL 10 1943 179

Registration District No. **179**Primary Registration District No. **4287**

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County **LINCOLN**  
(b) City or town **TROY**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

## 3. (a) PRINT FULL NAME

**CLARENCE HUBBARD**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **NEGRO** 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 **July 7 1873**  
(Month) (Day) (Year)8. AGE: Years **69** Months **11** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace **TROY MISSOURI**  
(City, town, or county) (State or foreign country)10. Usual occupation **PAINTER**11. Industry or business **RET.**12. Name **UNKNOWN**13. Birthplace **L 9**  
(City, town, or county) (State or foreign country)14. Maiden name **PHYLLIS HUBBARD**15. Birthplace **TROY MISSOURI**  
(City, town, or county) (State or foreign country)16. (a) Informant **WALTER HUBBARD**(b) Address **TROY, MO.**17. (a) **BURIAL** (b) Date thereof **July 2, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **TROY, CEM. TROY, MO.**18. (a) Signature of funeral director **Kemper Funeral Home**(b) Address **Troy, Mo.**19. (a) **July 2/43** (b) **Mrs. Fay Jackson**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LINCOLN**  
(c) City or town **TROY**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **30**  
year **1943** hour **1** minute **P.M.**21. I hereby certify that I attended the deceased from **June 19 43** to **June 30 1943**  
that I last saw him alive on **June 30 1943**  
and that death occurred on the date and hour stated above.Immediate cause of death **Cerebral Apoplexy**  
Duration **3 Days**Due to **Arteriosclerosis**

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

Other conditions (Include pregnancy within 3 months of death) **8301**

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

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

## 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) (c) Means of injury \_\_\_\_\_

23. Signature **Joe. Lela** (M. D. or other) **7/2/43**  
Address **Troy, Mo.** Date signed **7/2/43**

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

MOTHER FATHER

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**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..... *Joseph J. Marsh*.....  
Licensed Embalmer No..... *3932*.....  
P. O. Address..... *Proy, Missouri*.....

**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.**