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00M—2-43
ev. 5-17-39
I X35647

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. 25941

FILED AUG 6 1943

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 302

1. PLACE OF DEATH

(a) County St Francois

(b) City or town Dellasous St Francois Tr

(If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether

In this community 87 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois 94

(c) City or town Farmington R. 0

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARY JANE HUBBARD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Wm Hubbard

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

7. Birth date of deceased 11 (Month) 13 (Day) 1856 (Year)

8. AGE: Years 876 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Iron Mtn (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Home maker

11. Industry or business

FATHER
12. Name John Dex
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. John Thos. Hubbard

(b) Address Farmington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn, Farmington R.

18. (a) Signature of funeral director Co Jean Funeral Hme

(b) Address Farmington, Mo

19. (a) July 30-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

1196

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28 year 1943 hour 1.30 pm minute M.

21. I hereby certify that I attended the deceased from , 1935, to 7-28, 1943 that I last saw her alive on 7-27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mell

Due to 6

Due to

Other conditions Senile Dementia (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 0

23. Signature Emil M Hering (M. D. or other) MD

Address Farmington Mo Date signed 7-30-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 843-2482

Date Filed 8-5-43

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington 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.