

No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31648

State File No. _____

FILED SEP 25 1943 310-128

Registration District No. 310-128

Primary Registration District No. 5001-2000

Registrar's No. 756

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 12 days
In this community: 2 yrs 8 mo, 2 da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Emmett ⁰³⁹
(c) City or town Springfield ⁶
(If outside city or town limits, write "RURAL")
(d) Street No. 1835 Olive St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Ruth Elizabeth Hubbard

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex 11 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: January 10 1941
(Month) (Day) (Year)

8. AGE: Years 2 Months 8 Days 2 If less than one day hr. min.

9. Birthplace: Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name Russell Hubbard

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

14. Maiden name Anna A. Williams

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

16. (a) Informant Ruth A. Boyd

(b) Address 453 Cherry Springfield, Mo.

17. (a) Burial (b) Date thereof Sept 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLEAR GREEK CEMETERY

18. (a) Signature of funeral director John T. Home

(b) Address Springfield Mo.

19. (a) 9-16-43 (b) J. W. Baudley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1943 hour 4:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-1-43, 1943, to 9-12, 1943

that I last saw her alive on 9-12-43, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis Duration 2 or 4 weeks

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 14

Major findings: Of operations _____

Of autopsy _____

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) None 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) Means of injury _____

23. Signature John T. Home (M. D. or other) _____
Address Springfield Mo. Date signed 9-16-43

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

39
2
6

984

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.