

No. 2
5-17-36
X32873

32976

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 200

Primary Registration District No. 2725

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: St. Elizabeth's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether)

In this community 6 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

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

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Elworth Hubbs

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 14 1943 to Sept 19 1943
that I last saw him alive on Sept 19 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased Nov. 14 1927
(Month) (Day) (Year)

Immediate cause of death: Apoplexy
cerebral Hemorrhage

Due to:

Due to:

Other conditions: g2a!
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>5</u>	hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

Major findings: g2a!

Of operations:

Of autopsy:

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business:

12. Name Alvin Hubbs

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

14. Maiden name Caroline Carter

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

16. (a) Informant Mrs. Maud Jones

(b) Address Hebbee Mo

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Sept 22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Hebbee Mo

18. (a) Signature of funeral director Doc W. Ruppston

(b) Address Hebbee Mo

19. (a) 10/5/43
(Date received local registrar) (b) J. B. Dunkler
(Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 2 (Specify type of place) (e) Means of injury 2

23. Signature F. E. Quinn (M. D. or other) PO.
Address St. Louis, Missouri Mo Date signed 9/19/43

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

1037

(Licensed Embalmer's Statement on Reverse Side)



8.

JUN 20 1946

JUN 24 1946

APR 30 1945

RECEIVED

District Health Officer No. 10

District File Number 6-43-1704

Date Filed OCT 11 1943

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 *W. H. ...*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.