o. 2
2-43
7-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943

Registration District No. 238

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5823

State File No. 38761

Registrar's No. 61

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural - New Mad. Twp.
(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 years, months or days)

In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. New Mad. Twp. East Prairie, Mo. Rt. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALINE JAY HUBBARD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 15 (Day) 1943 (Year)

8. AGE: Years | Months 1 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace New Madrid (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name William Lee Hubbard

FATHER 13. Birthplace Princeton (City, town, or county) Ky. (State or foreign country)

MOTHER 14. Maiden name Alma Johnson

MOTHER 15. Birthplace Richmond (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant Alma Hubbard

(b) Address East Prairie Mo. Rt. 1

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

(c) Place: burial or cremation Edgey

18. (a) Signature of funeral director Travis Shelly

(b) Address East Prairie Mo.

19. (a) Oct. 16, 1943 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

1031

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15 1943 to Sept 16 1943 and that I last saw her alive on Sept 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Collapse — Duration 3 wks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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)

(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

23. Signature J. J. Martin (M. D. or other)

Address E. Prairie Mo. Date signed Oct 7/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1143-147
Date Filed 11-16-43

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 Not embalmed 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.