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7-39  
X37823

FILED MAY 8 1944  
Registration District No. 784

Primary Registration District No. 4299

State File No. \_\_\_\_\_

Registrar's No. 29

1. PLACE OF DEATH:

(a) County LINN

(b) City or town BUCKLIN  
(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 12 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Bucklin  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME CLEMENTINE HUBBARD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 29  
year 1944 hour 2 minute 25 A.M.

4. Sex 7. m. 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19, 1851  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 23, 1944, to April 28, 1944, that I last saw her alive on April 28, 1944, and that death occurred on the date and hour stated above.

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

92 9 10 hr 7 min.

Immediate cause of death Coron

Due to Cerebral Hemorrhage

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

9. Birthplace Coffee Co Tenn  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housekeeping

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

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Calvan Cressy

13. Birthplace Tenn 1  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Martin

15. Birthplace Tenn 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Bonon

(b) Address Bucklin, Mo.

17. (a) Burial (b) Date thereof Apr. 30, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garner Cem

18. (a) Signature of funeral director Farron Funeral Service

(b) Address Bucklin Mo

19. (a) Apr. 29, 1944 (b) Wayne W. Cowan  
(Date received local registrar) (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? \_\_\_\_\_ (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 W. Holman D.D. (M.D. or other)  
Address Marceline, Mo. Date signed 7-29-44

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

MOTHER FATHER

**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. Larson*  
Licensed Embalmer No. *4037*  
P. O. Address..... *Bucklin, 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.**