

FILED NOV 14 1944

Registration District No. **278** Primary Registration District No. **5-9-5-4 4413** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Frankford
(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 1
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA BELL HUBERT

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F 5. Color or race WHITE

6. (a) Single, widowed, married, divorced - 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased SEPT. 28 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1944 hour 3:50 A.M. October M.

21. I hereby certify that I attended the deceased from September 28th 1944 to October 18 1944
that I last saw her alive on October 18 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
		<u>28</u>	hr. _____ min.

Immediate cause of death passive congestion of the lungs

Due to patent foramen Ovale

Due to _____

Other conditions 157e
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business John William Hubert

MOTHER FATHER

12. Name John William Hubert

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

14. Maiden name Estee Coleman

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

16. (a) Informant Mr. J. W. Hubert

(b) Address Frankford, Mo.

17. (a) Burial (b) Date thereof Oct. 27 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford Mo

18. (a) Signature of funeral director Fielding Son

(b) Address Frankford, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy not performed

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? _____ (c) Means of injury 2

23. Signature Peter A. Hopkins (M. D. or other) Do

Address Frankford, Mo. Date signed 10-28-44

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

1169

10-11-44

RECEIVED
District Health Officer No. 10
District File Number 11-44-1890
Date Filed NOV 10 1944

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 Jane Fields Megowan
Licensed Embalmer No. 4093
P. O. Address Truckee, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

nm

Registration District No. 218

Primary Registration District No. 4413

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Frankford
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Virginia B. Hubert

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Sept 28 1944
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 1 1944 (b) Mrs R.C. Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 12 Year 1944 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

35036