

7. S. No. 2
OM-8-43
EX. 5-17-39
I X37823

Registration District No. FILED DEC 21 1944

Primary Registration District No. 5016

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

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Monroe Township
(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) 11

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME Roy Eugene Huber

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 11-16-1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Eugene Forrest Huber

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

14. Maiden name Louise WASSON

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

16. (a) Informant Mr. Eugene F. Huber

(b) Address Goody mo

17. (a) _____ (b) Date thereof 11-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Parairie

18. (a) Signature of funeral director E. G. Breit

(b) Address Savannah mo

19. (a) 11-26-1944 (b) J. H. Fritchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Rural Monroe Township
(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 11 day 25
year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Nov. 16
1944 to Nov. 11, 1944

that I last saw h. i. m. alive on Nov. 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Obstruction of the bile ducts.

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Enlarged, hard, smooth Liver, Massive Hemorrhage into Intestines

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 2

23. Signature E. G. Breit (M. D. or other) J. H. Fritchman

Address Goody mo Date signed 11/27/44

107 L

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..... *E. C. Breet*

Licensed Embalmer No. *2630*

P. O. Address *Savannah 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.