

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1945
73

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13167

State File No. _____
Registrar's No. 45

Registration District No. _____
Primary Registration District No. 5290

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Holt Rural
(c) Name of hospital or institution: Keamey
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Holt Rural
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LINDA Hope HUBBARD
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6 th
year 1945 hour 2 minute 40 P. M.
21. I hereby certify that I attended the deceased from March 28 ^{day}
9 ^{month} 1945 to April 6 1945
that I last saw her alive on April 6 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 31 1944
(Month) (Day) (Year)

Immediate cause of death Acute
Tuberculosis
Lymphatic type
Due to _____
Due to _____
Other conditions (includes pregnancy within 3 months of death) _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
10 6 _____ hr. _____ min.

9. Birthplace Clinton Co (City, town, or county) (State or foreign country) A
10. Usual occupation _____
11. Industry or business _____
MOTHER { 12. Name Ernest Hubbard
FATHER { 13. Birthplace Clinton Co (City, town, or county) (State or foreign country) A
14. Maiden name Melba Jane Dykes
15. Birthplace Clinton Co (City, town, or county) (State or foreign country) 0
16. (a) Informant Melba Jane Hubbard
(b) Address Holt, Missouri
17. (a) Burial (b) Date thereof 4-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antech
18. (a) Signature of funeral director Leonard Fay
(b) Address Keamey Mo
19. (a) April 9 - 45 (b) Helen Early
(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 J. W. Webb (M. D. or other) _____
Address Liberty Mo Date signed 4-7-45

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

4
004

726

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5/11/45

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Hearney 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.