

FILED JUN 28 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 309 Moffett 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Years (Specify whether
In this community 4 Years years, months or days)

3. (a) PRINT FULL NAME Hubbard Allen Sublett

3. (b) If veteran, name war No 3. (c) Social Security No. 500-09-9942

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Sept 1, 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Hubbard A. Sublett
13. Birthplace Bacaville California 1
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Davilbiss
15. Birthplace Canton Missouri B
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frank M. Hurlbut
(b) Address 309 Moffett
17. (a) Cremation (b) Date thereof 6-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
Hurlbut Und. Co.

18. (a) Signature of funeral director
(b) Address Joplin, Mo.
19. (a) 6-11-45 (b) Arthur S. Sublett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 309 Moffett
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1945 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb. 25, 1945 to 6/10/45, 1945
that I last saw him alive on 6/10/45 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis Duration 1 yr.

Due to _____
Due to 1318

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 1

23. Signature Arthur S. Sublett (M. D. or other) Arthur S. Sublett
Address Joplin, Mo. Date signed 6/11/45

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

Dr Black

9
2
5

45-6-511

OCT 22 1945

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 *Henry A. Hurbut*

Licensed Embalmer No. 939

P. O. Address *Joplin 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.