. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25219

FILED JUL 16 1945

Registration District No. 339 Primary Registration District No. 4497 Registrar's No. 44

1. PLACE OF DEATH:

(a) County SHELBY

(b) City or town CLARENCE (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SHELBY 102

(c) City or town CLARENCE 1 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ISAAC T. HUBBLE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband ~~or wife~~ VIRGIE V. HUBBLE

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 11th (Month) (Day) 1870 (Year)

8. AGE: Years 75 Months 1 Days If less than one day hr. min.

9. Birthplace MACON CO (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation U.S. MAIL Carrier

11. Industry or business

FATHER
12. Name J. A. HUBBLE
13. Birthplace (City, town, or county) Not Known 9 (State or foreign country)

MOTHER
14. Maiden name HARRIET HUBBLE
15. Birthplace (City, town, or county) Not Known (State or foreign country)

16. (a) Informant MRS. HARRIET HUBBLE

(b) Address CLARENCE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof June 13-1945 (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE WOOD

18. (a) Signature of funeral director Million & Borkelew

(b) Address Clarence Mo

19. (a) July 5-45 (Date received local registrar) (b) Madge Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1945 hour 7 minute a M.

21. I hereby certify that I attended the deceased from Feb. 15, 1945, to June 6, 1945; that I last saw him alive on June 6, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Hypertension	
Due to	
Other conditions Prostatitis (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
Of autopsy none	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank K Roy MD (M. D. or other)

Address Clarence, Mo Date signed 6-15-45

1093

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

RECEIVED
District Health Officer No. 10
District File Number 7-45-1088
Date Filed JUL 13 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. Bartelsen

Licensed Embalmer No. 3835

P. O. Address Shelbina 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.