

FILED JAN 25 1946

Registration District No. **4282**

Registrar's No. **100**

1. PLACE OF DEATH:

(a) County **LEWIS**

(b) City or town **Monticello**
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LEWIS**

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

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

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MADISON BRISCOE HUBBARD**

MEDICAL CERTIFICATION

3. (b) If veteran, name war.....

3. (c) Social Security No. **old age**

20. DATE OF DEATH: Month **Dec** day **21**
year **1945** hour **7** minute **10 P.M.**

4. Sex **MALE** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

21. I hereby certify that I attended the deceased from **Dec 21**
19 **45** to..... 19.....
that I last saw him alive on **Dec 21**, 19**45**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **NANCY JANE HUBBARD**

6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **Sept 21 1864**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**

8. AGE:	Years	Months	Days	If less than one day
	81	3	—	hr. min.

Due to **arteriosclerosis + hypertension**

Due to.....

9. Birthplace **LEWIS County MO**
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Retired FARMER**

Major findings:
Of operations..... **BA**

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name **Elijah Hubbard**

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

14. Maiden name **AMBROSIA LUCKETT**

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

16. (a) Informant **Mrs Lee Sharp**

(b) Address **Monticello MO**

17. (a) **Burial** (b) Date thereof **Dec 24 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lewis town MO**

18. (a) Signature of funeral director **Jasper A. Oeder**

(b) Address **Lewis town MO**

19. (a) **12-26-45** (b) **P. H. Jennings, M.D.**
(Data 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?
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature **Sam A. Buchanan** or other **DO**

Address **Canton MO** Date signed **12/22/45**

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

100548

RECEIVED

District Health Officer No. 10

District File Number 1-46-77

Date Filed JAN-23-1946

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 myself

..... Registered Apprentice No.

working under my personal supervision.

Signed

James A. Coder

Licensed Embalmer No. 2537

P. O. Address Lewis town N

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.