

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
506 W. Henderson St. 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 _____
years, months or days 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Dunklin 35

(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")

(d) Street No. 506 W. Henderson St. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Myrtle Ann Hubbard

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-03-2347

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6
year 1946 hour 12 minute 30 P M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 27 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-1 1945 to 4-6 1946
that I last saw her alive on 4-6 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>54</u>	<u>4</u>	<u>9</u>		hr. _____ min. _____

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to _____

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

9. Birthplace Purvis Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Hubbard

13. Birthplace Douglas Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lou Ann Dayberry

15. Birthplace New Madrid Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lou Smith

(b) Address 506 W. Henderson St.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lucy Lind Co

(b) Address Kennett Mo

19. (a) 4-13-1946 (b) Carl Hubbard
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Paul Baldwin (M. D. or other) MD

Address Kennett Mo Date signed 4-15-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11637

RECEIVED

District Health Office No. 2

District File Number 546-283

Date Filed 5-1-46

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

Walter A. Haykins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.