

FILED JUL 22 1946

Registration District No. 318

Primary Registration District No. 1003

1003

Registrar's No. 6131

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Pacific Hospital  
(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 Vernon/08  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 720 S Cedar  
(If rural, give location) NR  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Tufay Hubbs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Huldah Hubbs 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 30, 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business Missouri-Pacific R.R.

12. Name Abraham Hubbs  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Kellogg  
15. Birthplace Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline Beckman

(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof 7-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 11 1946 J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1946 hour 15 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 2nd, 1946 to July 9, 1946.  
that I last saw him alive on July 8, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 3 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Dr. J. M. Saylor (M. D. or other) 0

Address 94 Sherman Ave Date signed 7/9/46

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

MOTHER FATHER

**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 M. Branner*

Licensed Embalmer No. *4200*

P. O. Address.....

**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.**