

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL RECORDS  
**FILED SEP 10 1946** STANDARD CERTIFICATE OF DEATH

State File No. **26674**  
Registrar's No. **239**

Registration District No. 82 Primary Registration District No. 3017

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alex Van Ravenswaay Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
In this community All of life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper **27**  
(c) City or town Boonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 416-8th. St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John M. Huber.  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 25  
year 1946 hour 6 minute 20 p.m.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mamie Hirlinger Huber 6. (c) Age of husband or wife if alive June 21 1868 years (Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
78 3 4 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Intestinal obstruction due to Duration 6 months  
Due to Carcinoma recti

9. Birthplace Boonville, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Traveling Salesman

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 464  
Of operations Exploratory operation revealed obstruction  
Of autopsy Carc. of rectum

11. Industry or business Coffee Company.  
12. Name Henry Huber  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Appolina Smith

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

15. Birthplace Chariton Co., Missouri.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. John Kralovec  
(b) Address Boonville, Mo.  
17. (a) Burial (b) Date thereof Aug. 28/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Walnut Grove Cem.  
18. (a) Signature of funeral director Goodman & Holler  
(b) Address Boonville, Mo.  
19. (a) Aug 27, 1946 (b) Chas Moore  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Alex Ravenswaay (M. D. or other) \_\_\_\_\_  
Address Boonville, Mo. Date signed 8.27.46.

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

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20,000

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46.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-7-46

JAN 5

1955

OCT 2 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.....

..... Registered Apprentice No. ....

working under my personal supervision.

Signed G. F. Bolles

Licensed Embalmer No. 3062

P. O. Address. Boonville, 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.