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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1946

Registration District No. 356

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~6209~~ 6209

State File No. 39389

Registrar's No. 74

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

38203

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Piney
(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)
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas

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

(d) Street No. 3 mi. S. of Houston
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Eliza Jane Hubbard

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

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank J. Hubbard | 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased April (Month) 20 (Day) 1862 (Year)

8. AGE: Years 84 | Months 6 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ill! (State or foreign country)

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name Mitchell C. Jones
13. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Nancy Clayton
15. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Grace Scott
(b) Address Cabool, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Taylor V. Elliott
(b) Address Houston Mo.

19. (a) Nov. 25, 1946 (Date received local registrar) (b) Myrtle Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 16
year 1946 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from September, 1946, to Nov 15, 1946
that I last saw her alive on Nov 15, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerotic Heart Disease	15 yrs.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

93P

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 Garrett Hogg Jr. (M. D. ~~or other~~)
Address Cabool Mo Date signed Nov 18/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 124668
Date Filed 12-13-46

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 Gaylord V Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.