

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18330

State File No. _____

FILED JUN 6 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 199

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
503 W. JOHNSON ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 503 W JOHNSON ST
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHRISTOPHER COLUMBUS HUBBARD

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

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PRINCESS E. HUBBARD 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased MAY 20 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 hr. min.

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

10. Usual occupation PRINCIPAL HIGH SCHOOL

11. Industry or business Education

MOTHER FATHER { 12. Name ALEXANDER HUBBARD

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

14. Maiden name MATILDA PAYNE

15. Birthplace GLASGOW Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R. B. FLEMING

(b) Address 1830 VINE ST., KANSAS CITY, MO.

17. (a) Burial (b) Date thereof 5 26 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown's Alley

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia Mo

19. (a) 5-25-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23
year 1947 hour 6:00 minute 25 AM

21. I hereby certify that I attended the deceased from MAY 16
1947 to MAY 23, 1947,
that I last saw him alive on MAY 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion

Due to arterio-sclerosis

Due to Senility

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 G. R. Maddox (M. D. or other) M.D.

Address 116 1/2 W. Main Date signed 5-25-47

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

RECEIVED

District Health Officer No. 0,

District File Number 6547

Date Filed _____

VS
MAR 27 1959

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.