No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 23667

Registration District No. 65 — Primary Registration District No. 4113 — Registrar's No. 18

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town BRUNSWICK
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON
(c) City or town BRUNSWICK
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JUSTIN S. HUBER
3. (b) If veteran, name war 1ST WORLD WAR
3. (c) Social Security No.
4. Sex MALE
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 APRIL (Month) 20 (Day) 1891 (Year)

8. AGE: Years 56 Months 2 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace BRUNSWICK MO. (City, town, or county) (State or foreign country)
10. Usual occupation LABORER
11. Industry or business DAY WORK
FATHER
12. Name ALBERT HUBER
13. Birthplace Hank Knox (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BETTY RILEY
15. Birthplace BRUNSWICK MO. (City, town, or county) (State or foreign country)
16. (a) Informant HARRY HUBER
(b) Address BRUNSWICK MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation BRUNSWICK MO
18. (a) Signature of funeral director L W Beisel
(b) Address BRUNSWICK MO
19. (a) 7-13-1947 (Date received local registrar) (b) Mildred Boone (Registrar's signature) 56

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11TH year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July, I 1947 to July, II 1947; that I last saw him alive on July, 10 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Thrombosis | Terminal |
| Due to Arteriosclerosis | 15yrs. |
| Due to Hypertension | 15yrs. |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 94A | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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 H. G. Fowler (M. D. or other) D.O
Address Brunswick, Mo. Date signed 7/13/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-18-47

MAY 10 1949

JUL 22 1947

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 L M Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick Me

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.