

S. No. 2  
1-9-4-41  
7-5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28422

FILED SEP 3 1947

Registration District No. 295

Primary Registration District No. 4352

Registrar's No. 43

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

1. PLACE OF DEATH:  
(a) County Morgan  
(b) City or town Versailles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Morgan 7/1  
(c) City or town Versailles  
(If outside city or town limits, write "RURAL") 1/0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George H. Hubbard  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 23rd  
year 1947 hour 2 minute 00 a.m.

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Nannie Ivy Hubbard  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Nov. 1st 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1 August 1947 to 23 August 1947  
that I last saw him alive on 23 August 1947  
and that death occurred on the date and hour stated above  
Immediate cause of death Coronary Thrombosis Duration 1/2 hr.

8. AGE: Years 81 Months 9 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Abstracter & Insurance

Major findings: 9411  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name William T. Hubbard

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

14. Maiden name Catherine Patterson

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

16. (a) Informant Douglas Hubbard

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof AUG. 26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. F. Redwell

(b) Address Versailles, Mo.

19. (a) 2-30-47 (b) J. L. Washburn  
(Date received local registrar) (Registrar's signature)

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 J. L. Washburn (M. D. or other) \_\_\_\_\_

Address Versailles Mo Date signed 8/24/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 7,  
District Number 8-47-1029  
Date Filed 9-2-47

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

*W. F. Redwell*

Licensed Embalmer No. *1596*

P. O. Address *Versailles 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.