S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42792

FILED DEC 26 1947

Registration District No. 6076

Primary Registration District No. 6075

Registrar's No. 401

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 yrs. 2 mos. 7 das. (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 94

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

(d) Street No. Unknown
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME IVA HUBBARD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Byrd Hubbard

6. (c) Age of husband or wife if alive Age Unknown years

7. Birth date of deceased October (Month) 25, (Day) 1885 (Year)

8. AGE: Years 62 | Months 0 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Bird's Point (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Allen
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation W.O.W.Cem., East Prairie, Mo.

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie Mo.

19. (a) 12-15-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13, year 1947 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from November 1, 1946, 19..., to Nov. 13, 1947, 19...; that I last saw her alive on Nov. 13, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the head of the pancreas- About 1 mos.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Dementia Praecox- Abt. 28 yrs.	

Major findings:
Of operations .....
Of autopsy No 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature John A. Brennan M.D. (M. D. or other)

Address State Hosp #4, Farmington Mo. Date signed 12/2/47

(Licensed Embalmer's Statement on Reverse Side)

_IVED

:ct Health Officer No. 4

rict File Number 1247-159

Date Filed 12-23-47

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.