

FILED APR 2 1948

Registration District No. _____

Primary Registration District No. 4044

Registrar's No. 6

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town STURGEON - Mo.
(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 ALL OF LIFE years, months or days

3. (a) PRINT FULL NAME Stonewall Jackson Huber

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

4. Sex M. 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Carrie Elizabeth 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug. 12 - 18 61
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Hallsville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED BUSINESS

11. Industry or business _____

12. Name Taylor Huber

13. Birthplace New Castle Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Marcus Turner

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Blenni Suen D.S.R.

(b) Address McHenry Mo.

17. (a) BURIAL (b) Date thereof 3-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. HOPE

18. (a) Signature of funeral director Barnes & Booth
(b) Address Sturgeon - Mo.

19. (a) March 24/48 (b) Maud M. Bride
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10
(c) City or town STURGEON -
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour 4:45 minute _____ M.

21. I hereby certify that I attended the deceased from 1946 to 1948
that I last saw him alive on March 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Permeious Arteriosclerosis Duration 2 1/2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 730

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) (Means of injury)

23. Signature John M. Cullas (M. D. or other) _____
Address Sturgeon Mo Date signed 3/27/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/21/48

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..... *A. E. Boothe*
Licensed Embalmer No. *4087*
P. O. Address *Sturgeon - 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.