No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12736 12636 1601

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or ~~institution~~: Research Hospital D 23r d & Holmes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 7 days (Specify whether
In this community 2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 5

(c) City or town MONETT 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1 - SUNSET DRIVE 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mrs. Alice Hubbard

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife MR. WILLIAM HUBBARD

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

7. Birth date of deceased JUNE (Month) 12 (Day) 1858 (Year)

8. AGE: Years 89 Months 9 Days 28 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business -

FATHER
12. Name UNKNOWN PARNAM
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

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

16. (a) Informant MRS. J. E. WILLIAMS
(b) Address 115 WEST 39TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 12. 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt. WASHINGTON CEM.

18. (a) Signature of funeral director O.H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 4-1-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1948 hour 3 minute 20 pm M.

21. I hereby certify that I attended the deceased from 4-2, 1948, to 4-10, 1948; that I last saw her alive on 4-9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral - Vascular Accident	8 days
Due to Arteriosclerosis & hypertension	
Due to	
Other conditions terminal pneumonia bronchial (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83a

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 A. E. Herrington (M. D. or other) M.D.
Address 5833 Reed Road Missouri Kans. Date signed 4-11-48

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C., 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.