S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13594

FILED MAY 6 1948

Registration District No. 2 Primary Registration District No. 3052 Registrar's No. 117

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1620 South Brown (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 30 years in Sedalia years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6

(d) Street No. 1620 South Brown (If rural, give location) 4

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SADIE STANTON HUBBARD

3. (b) If veteran, name war none

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 Albert Hubbard

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 25, 1878 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Rochester, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William F. Comstock
13. Birthplace unknown, Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Peden
15. Birthplace Rochester, Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Albert Hubbard (husband)

(b) Address 1620 S. Brown, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Chane Ewing

(b) Address Sedalia, Missouri

19. (a) 4-20/48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 4:55 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1947 to April 18 1948 that I last saw her alive on April 16 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix	18 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

48a

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) 0

While at work? (e) Means of injury

23. Signature A. L. Walter (M. D. or other) MD

Address Sedalia Mo Date signed 4-19-48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-5-48

Dr. Walter
West 4th

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 Warren K. Dietz Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3844

P. O. Address Sedalia 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.