

FILED JUN 9 1948

Registration District No. 20

Primary Registration District No. 5083

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Rural-Mound Twp.  
(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 8 years years, months or days

3. (a) PRINT FULL NAME Harriett Ann Hubbard

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

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

6. (b) Name of husband or wife R.H. Hubbard 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased November 18 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 6 13 hr. min.

9. Birthplace Peoria Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Joseph Jackson  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Shipps  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant R.A. Hubbard  
(b) Address Adrian Mo.

17. (a) Removal (b) Date thereof 6-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Gar Cemetery Miami Oklahoma

18. (a) Signature of funeral director Smith & Siff  
(b) Address Adrian Mo.

19. (a) 6-1-48 (b) Myra Owens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Rural-Mound Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
year 1948 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from June 1  
1948 to June 1 1948  
that I last saw her alive on June 1 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

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

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. E. Robinson (M. D. or other) \_\_\_\_\_  
Address Adrian, Mo. Date signed 6-1-48

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

100

RECEIVED

District Health Officer No. 7

District File Number 5-48-610

Date Filed 6-7-48

---

---

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 Fred J. Leuath

Licensed Embalmer No. 3343

P. O. Address Adrian 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, above space should be left blank.