

Registration District No. 4

Primary Registration District No. 5023

State File No. _____

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Stichison Co.
(b) City or town Rock Port mo Rural
(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 Several year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stichison
(c) City or town Rock Port Rural
(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 _____

3. (a) PRINT FULL NAME James Knock Hubbard

(b) If veteran, name war no (c) Social Security No. 488-14-2352

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stella Elma Hubbard 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 2 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 28 hr. _____ min.

9. Birthplace mercer co (City, town, or county) (State or foreign country) U

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Jack Hubbard
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Jane Bain
15. Birthplace mercer co (City, town, or county) (State or foreign country)

16. (a) Informant Claude Hubbard
(b) Address Fairfax mo

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

(c) Place: burial or cremation Burton Cemetery

18. (a) Signature of funeral director W. A. Burton
(b) Address Rock Port mo

19. (a) 7-2-48 (Date received local registrar) (b) Betty Crabtree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE, day 30
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAY 7
1948 to JUNE 30 1948

that I last saw him alive on JUNE 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death HEART FAILURE Duration 2 yrs

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy 2000

PHYSICIAN

Underline the cause to death if not 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 L. G. Reutter M. D. or other _____
Address Rockport mo Date signed 7/1/48

SEP 12 1950

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.....

W. C. Burton....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. C. Burton*.....

Licensed Embalmer No. *1744*

P. O. Address *Rock Port 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.