

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 212

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: 300 W. Pettis
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Kenneth Hubbard
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 24, 1938
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 7 23 hr. min.

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

10. Usual occupation _____

11. Industry or business _____
 12. Name Charles Hubbard
 13. Birthplace Sedalia Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Birdie Mae Washington
 15. Birthplace Marshall Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Birdie Mae Washington
 (b) Address 300 W. Pettis - Sedalia, Mo.

17. (a) Burial (b) Date thereof 7-20-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glennwood Cemetery - Sedalia, Mo.

18. (a) Signature of funeral director J. Price Alexander
 (b) Address 414 W. Cooper, St. Sedalia, Mo.

19. (a) 7-20-48 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 300 W. Pettis St. 0
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1948 hour 7 a.m. minute _____ M.
 21. I hereby certify that I attended the deceased from June 17 1948
 to July 17 1948
 that I last saw him alive on June 19 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy 2 yrs 10 days
 Duration _____

Due to _____

Due to _____

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

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(c) Accident, suicide, or homicide (specify) no

(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? 0

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

23. Signature W. E. Bess, M.D. (M. D. or other) July 20 1948
 Address Sedalia Mo. Date signed _____

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

7-27-48

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 _____

Licensed Embalmer No. 42115

P. O. Address Sedalia MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.