

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1948

Registration District No. 376

Primary Registration District No. 3059

Registrar's No. 220

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Bonne Terre
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonne Terre
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 Days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME DOROTHY L. HUBBARD

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

4. Sex Female 5. Color or race White 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 June 22 1932
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 0 15 hr. min.

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

10. Usual occupation School

11. Industry or business.....

MOTHER FATHER { 12. Name William R. Hubbard
 13. Birthplace Reynolds County, Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Ezzie Medley
 15. Birthplace Dent County, Mo
 (City, town, or county) (State or foreign country)

15. (a) Informant William R. Hubbard
 (b) Address Elvins, Mo

17. (a) Burial (b) Date thereof Jul-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lane Ceme- Elvins

18. (a) Signature of funeral director Sparks
 (b) Address Flat River, Mo

19. (a) 7-19-48 (b) Esther Rudloff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Elvins,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 471 2nd St.
 (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 7th.
 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 17, 1947, to 7 July, 1948
 that I last saw her alive on July 7, 1948
 and that death occurred on the date and hour stated above. Duration
 Immediate cause of death acute pericarditis

Due to Rheumatic fever
 Due to.....

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

Major findings: 58E
 Of operations.....
 Of autopsy.....

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)
 While at work?..... (e) Means of injury.....
 23. Signature C. H. Hubbard M. D. or other M.D.
Flas Rudloff Date signed 7-19-48

RECEIVED

District Health Officer No. 4

District File Number 748-93

Date Filed 7-26-4

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 Murphy L. Spence
Licensed Embalmer No. 4236
P. O. Address Flet River Dr

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.