S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1948

Registration District No. 234

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5815

State File No. 27106

Registrar's No. 17

1. PLACE OF DEATH:

(a) County: Morgan

(b) City or town: Rural Haw Creek (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 3 Miles West of Stover, Mo. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ETTA INEZ HUBER

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: Williams E. Huber

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: March (Month) 9 (Day) 1888 (Year)

8. AGE: Years 60 Months 5 Days 10 If less than one day hr. min.

9. Birthplace: Marshall County (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

MOTHER FATHER

12. Name: James Cyphers

13. Birthplace: Unknown (City, town, or county) Kansas (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Williams E. Huber

(b) Address: Stover, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 23 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Stover Cemetery

18. (a) Signature of funeral director: [illegible]

(b) Address: Stover, Missouri.

19. (a) Aug-26th 1948 (Date received local registrar) (b) Wm L. Ruppenger (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1948 hour 5 A. M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Poison Nicotine Sulfate.	
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): Suicide

(b) Date of occurrence: Aug 19, 1948.

(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? Home 3 m west Stover Mo. (Specify type of place)

While at work? (e) Means of injury: Morgan County

23. Signature: Birch L. Medium Coroner (M. D. or other)

Address: Versailles Mo. Date signed 8-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-48-990
Date Filed 8-30-48

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 J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

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.