

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6005

State File No. _____

FILED FEB 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 767

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo.		c. LENGTH OF STAY (In this place) township) 11 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri		d. STREET ADDRESS (If rural, give location) 2656 East 8th Street
3. NAME OF DECEASED (Type or Print) a. (First) Mrs Minnie b. (Middle) Sylvia c. (Last) Hubbard			4. DATE OF DEATH (Month) (Day) (Year) 2-4-1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 2-9-1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months -
IF UNDER 1 YEAR Days -	IF UNDER 2 HRS. Hours -	IF UNDER 2 HRS. Min. -	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Oregon Missouri
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Patrick Murphy		13b. MOTHER'S MAIDEN NAME Elizabeth Wood	14. NAME OF HUSBAND OR WIFE William Hubbard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs H. W. Enis 5218 St John Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum				INTERVAL BETWEEN ONSET AND DEATH 2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis				154X 20 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from August 15, 1952 , to Feb 4, 1953 , that I last saw the deceased alive on Feb 4, 1953 , and that death occurred at 4:10 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Marcus B. Bond		(Degree or title) W.D. MD	23b. ADDRESS 314 Wirthman Bldg Kansas City, Mo.		23c. DATE SIGNED Feb 5 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-7-1953	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) Forest City Holt Mo		
DATE REC'D BY LOCAL REG. 2-5-53	REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home		ADDRESS K.C.

(Licensed Embalmer's Statement on Reverse Side)

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

La Marcus B. Bondy
1002 Annapolis Rd.
HA 5037

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. Me

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.