

No. 2
11-10-39
5-17-
I X21

State File No.

JUL 15 1940

Registration District No. 347

Primary Registration District No. 5491

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Henry Creek
(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) 7
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 36 yrs years, months or days (Specify whether) 16 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi N. on E Hartwell
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Martha B Hubbard

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas Hubbard 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Couch

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

14. Maiden name Unknown

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

16. (a) Informant Edgar Hubbard

(b) Address Hartwell Mo

17. (a) Burial (b) Date thereof 7-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wich cemetery

18. (a) Signature of funeral director Frank Wilkinson

(b) Address Christiana Mo

19. (a) 7-6-40 (b) Dr J R Hampton
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 30
1940 to _____ 19____;
that I last saw her alive on June 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Dilatation Duration 6 mos

Due to Influenza and pneumonia 1 yr.
Influenza 6 mos ago.

Other conditions _____
(Include pregnancy within 5 months of death) 11/3

Major findings: _____
Of operations _____

Of autopsy _____

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 J. J. McDonald (M. D. or other) _____

Address Jurich Mo Date signed 7/6-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Fred Wilkerson

Licensed Embalmer No. *2478*

P. O. Address *Clinton, 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, above space should be left blank.