

5. No. 2
4-5-42
5-17-39
1 X 25

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10328**

FILED APR 14 1943

Registration District No. **137**

Primary Registration District No. **4214**

Registrar's No. **62**

1. PLACE OF DEATH:

(a) County **HENRY**
(b) City or town **Deepwater**
(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)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME **Mary Jane Hubbard**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **S.L. Hubbard** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **Sept 19 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **24** If less than one day hr. min.

9. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **Thomas Hughes**

11. Industry or business

MOTHER FATHER { 12. Name **Cliff Jucha**

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

14. Maiden name **Mrs. Miranda**

15. Birthplace **New York State**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Goldie Green**

(b) Address **Deepwater Mo**

17. (a) (Burial, cremation, or removal) **Deepwater** (b) Date thereof **3-19-43**
(Month) (Day) (Year)

(c) Place of burial or cremation **Deepwater**

18. (a) Signature of funeral director **Tom Hubert**

(b) Address **Deepwater Mo**

19. (a) **March 14 1943** (Date received local registrar) **Georgia Kitchen** (Registrar's signature) **G.K.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **HENRY**
(c) City or town **Deepwater Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**
year **43** hour **11** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **March 1**, 19**43** to **March 13**, 19**43**
that I last saw her alive on **March 13**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Glomerular nephritis
Cancer of lung, Oedema
Cardiac insufficiency**

Due to **Serbia**

Due to **124**

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)
(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 **D.C.R. Townsend** (M.D. or other) **Deepwater Mo** Date signed **3/17/43**

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

RECEIVED

District Health Officer No. 7.

District File Number 3-43-106

Date Filed 7-13-43

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 *Tom Hunt*

Licensed Embalmer No. 2782

P. O. Address *Freemont, 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, fact should be so stated above.