

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16991
Registrar's No. 39

Registration District No. 277

Primary Registration District No. 3045

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cleveland St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 69
(c) City or town Charleston 1
(If outside city or town limits, write "RURAL")
(d) Street No. Cleveland St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John Baldsner Huebner
3. (b) If veteran, name war No.
3. (c) Social Security No. Not Known

4. Sex Male 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 February 19, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>13</u>	____ hr. ____ min.

9. Birthplace Driessendorf, Germany
(City, town, or county) (State or foreign country) 4

10. Usual occupation Stave joiner

11. Industry or business Stave mill

12. Name Friederick Huebner

13. Birthplace Germany
(City, town, or county) (State or foreign country) 4

14. Maiden name Elisabeth Huebner

15. Birthplace Germany
(City, town, or county) (State or foreign country) 4

16. (a) Informant Russel McBride

(b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 5-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery Charleston, Mo.

18. (a) Signature of funeral director Edward R. Rumsch
(b) Address Charleston, Missouri

19. (a) 5-11-48 (Date received local registrar)
Mrs. John Bond (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1948 hour 10:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____
Attended as Physician
that I last saw _____ alive on _____, 19____
and that death occurred on the date and hour stated in attendance
Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to Hypertension
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) _____
- (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)
(c) Means of injury _____
23. Signature Edw. R. Rumsch
Address Charleston, Mo. Date signed 5-5-48

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

RECEIVED

District Health Office No. 2,

District File Number 548-632

Date Filed 5-18-48

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

John F. Mumford Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.