

Registration District No. **35** Primary Registration District No. **5191** Registrar's No. **141**

1. PLACE OF DEATH:
(a) County **Carroll**
(b) City or town **Rural, Cherry Valley, Mo**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4.5 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Huber**
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Mary Schreiner** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **May 21 1857**
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **27** If less than one day hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

MOTHER, FATHER
12. Name **Joseph Huber**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Geo. Fisher**

(b) Address **Norborne Mo**

17. (a) **Burial** (b) Date thereof **11-20-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Norborne Catholic Cem.**

18. (a) Signature of funeral director **Stanley**
(b) Address **Carrollton Mo**

19. (a) **11-19-42** (b) **Mrs James Rafferty**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Carroll**
(c) City or town **Rural, Cherry Valley, Mo**
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17** year **1942** hour **4** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **10/4/41** to **11/17/42**, 19...; that I last saw him alive on **11/9/42**, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death **ill-defined Chronic myocarditis & Myocardial Degeneration**
Duration **Some Yrs.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **93d**

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 **A. J. Gardner** (M. D. or other)

Address **Norborne Mo** Date signed **11-18-42**

1003

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

17
00

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.