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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21774

State File No. \_\_\_\_\_

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Henry  
(b) City or town Clinton mo  
(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 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry #2  
(c) City or town CLINTON mo 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR#6 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME HENRY J TUBBSING

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife Isabelle 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 18 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name WM Tubbsing

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

14. Maiden name Anna Brader

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

16. (a) Informant Garrett Tubbsing

(b) Address Clinton mo RR

17. (a) Burial (b) Date thereof 6-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conrad + Beck

(b) Address Clinton mo

19. (a) 6-30-41 (b) Dr J H Hamilton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 6-7-41  
\_\_\_\_\_, 19\_\_\_\_, to 6-8 \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him alive on 6-7 \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Agonistic Pneumonia 2 da  
Due to Chronic Hypertension with decompensation (C.M.S.)  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 92H  
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? \_\_\_\_\_

312 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify means of injury)

23. Signature Eugene D. Neerle (M. D. or other) MD  
Address Clinton mo Date signed 6-9-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1198

Date Filed 7-15-41

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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.....

*J. E. Gonzalez*

Licensed Embalmer No. 1891

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, fact should be so stated above.