No. 2
4-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED NOV 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34617

Registration District No. 175 Primary Registration District No. 4104 Registrar's No. 54

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXX (Specify whether years, months or days)
In this community 79 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Salisbury----Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Approx. 9 miles north Salisbur
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXXXXX years.

3. (a) PRINT FULL NAME John James Clubb
3. (b) If veteran, name war XXXXX
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Elizabeth Clubb
6. (c) Age of husband or wife if alive past 60 years
7. Birth date of deceased March (Month) 4 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
79	7	14	hr. min.

9. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business xnone
12. Name Joseph Clubb (FATHER)
13. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mary Ellen Green (MOTHER)
15. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Martha Jane Keeting
(b) Address Route 4, Salisbury, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury City Cem.
18. (a) Signature of funeral director Geo. W. Winkelmeyer
(b) Address Salisbury, Mo.
19. (a) 10-19-41 (Date received local registrar) (b) F. W. Hawkins M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1941 hour 5 minute 35 P. M.
21. I hereby certify that I attended the deceased from Oct 15, 1941, to Oct 18, 1941 that I last saw him alive on Oct 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis — Duration
Due to Chronic myocarditis
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) (e) Means of injury 0
23. Signature F. W. Hawkins (M. D. or other)
Address Salisbury Mo Date signed 10/19/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 11-H-41
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~~ Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.