

FILED MAR 8 1943

Registration District No. **32**

Primary Registration District No. **5114**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County **Ballinger**
(b) City or town **Arab** **Waynes**
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(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 **William Marvin Clubb**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Inez Clubb** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Nov 29th 1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **9** If less than one day hr. min.

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

10. Usual occupation **Merchant**

11. Industry or business

12. Name **William Clubb**

13. Birthplace **Don't know** **Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Ada Baker**

15. Birthplace **Lutesville, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Inez Clubb**
(b) Address **Arab, Mo.**

17. (a) **Burial** (b) Date thereof **Feb 11, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clubb Cemetery**

18. (a) Signature of funeral director **Baker Funeral Home**
(b) Address **Auterwill, Mo.**

19. (a) **Feb. 8, 1943** (b) **Mrs. Geneva Graham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ballinger**
(c) City or town **Arab**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **8**
year **1943** hour **10.** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb 8**
1943 to **Feb 8** **1943**
that I last saw **2** alive on **Feb 8** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis of Brain**
Chronic Myocarditis

Due to **Chronic Myocarditis**

Due to **Chronic Myocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 **E. P. Elmore** (M. D. or other)
Address **Paris, Mo.**

1065

APR 1 1943

District Health Officer No. 4
District File Number 343-1880
Date Filed 3-6-43

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 J. E. Graham
Licensed Embalmer No. 4010
P. O. Address Lutesville, 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.