

FILED MAR 4 1943
Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
521 N. Hall St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 521 N. Hall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME DARIUS S. CHUBB

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, ~~widowed~~
6. (b) Name of husband or wife Millie 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. 26, 1846
(Month) (Day) (Year)

8. AGE: Years 96 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Rochford, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation mine operator

11. Industry or business

12. Name Joseph Chubb
13. Birthplace Scotland (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Archib Chubb
(b) Address 2931 Pearl St. Joplin Mo
17. (a) Removal (b) Date thereof 2-5-43
(Specify, permanent or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Baxter Springs, Ks.

18. (a) Signature of funeral director Thornhill - Dillon Mort
(b) Address Joplin, Mo
19. (a) 2-5-43 (b) Utteland Sudholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3 year 1943 hour 6:28 minute — P. M.

21. I hereby certify that I attended the deceased from Jan - 20 to Feb - 2 1943
that I last saw him alive on Feb - 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to 83a
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 C E Best (M. D. or other) —
Address 630 Main St Date signed 2-5-43

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

MOTHER FATHER

49

47
5

42-2-137

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..... *David Hillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, 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.