

S. No. 2
M-5-1
-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22092
Registrar's No. 34

Registration District No. 267

Primary Registration District No. 3900

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Deering
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community One Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Deering
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME William Ernest Clubb

3. (b) If veteran, name war No 3. (c) Social Security No. 306-14-1399

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased June 16, 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>0</u>	<u>2</u>	hr. _____ min.

9. Birthplace Hayti, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Taxi Operator

11. Industry or business as above

12. Name Jim Clubb

13. Birthplace Cape County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betty Florence West

15. Birthplace Cape County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oda Pullham

(b) Address Deering Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Braggadocio, Mo., Culp Cem.

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Missouri

19. (a) July 4 - 43 (Date received local registrar) (b) Ernie Stenhardt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1943 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 1, 1943 to June 18, 1943 that I last saw him alive on June 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: bronchial pneumonia Duration 1 wk.

Due to collapsed lungs

Due to bronchial asthma and secondary pneumonia

Other conditions: 107
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Ernie Stenhardt (M. D. or other) 0

Address Hayti, Mo. Date signed 6.22.43

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(Licensed Embalmer's Statement on Reverse Side)

6-43-224

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. L. La Forge

Licensed Embalmer No.

3082

P. O. Address

Warrenton, Ore.

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.