

ILLU DEC 9 1943

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Labanau

(c) Name of hospital or institution: Labanau

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 4 hours

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Lain Creek

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

(d) Street No. Gen Del

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ray McCubbins

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 43 hour P minute  M.

4. Sex male 5. Color or race wh

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased: April 19-1888

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1942 to Oct 23 1943

that I last saw h.l.m. alive on Oct 23 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 6 Days 4 If less than one day hr. min.

Immediate cause of death: Mitral Insufficiency of heart valve

Due to

Due to

Duration 1941

9. Birthplace Camden Co. Mo

(City, town, or county) (State or foreign country)

Other conditions: None

(Include pregnancy within 3 months of death)

PHYSICIAN None

Underline the cause to which death should be charged statistically.

10. Usual occupation Carpenter

11. Industry or business

12. Name Lewis McCubbins

13. Birthplace Hickory Co Mo

(City, town, or county) (State or foreign country)

14. Maiden name Primma Barton

15. Birthplace Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Myrel McCubbins

(b) Address Richland Mo

17. (a) Burial (b) Date thereof Oct 26-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredon Co.

18. (a) Signature of funeral director Banks Woolery

(b) Address Camden Mo

19. (a) Dec 1-43 (b) Grace Roper

(Date received local registrar) (Registrar's signature)

Major findings: None

Of operations

Of autopsy None

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?

(Specify type of place)

While at work? Yes (e) Means of injury fall

23. Signature Grace Roper

Address Camden Mo Date signed 11-18-43

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

MOTHER FATHER

Received .....

Laclede County Health Unit

File No. 11-43-171 .....

Date Filed 12-8-43 .....

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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.....

*Abbi Bankson Woolery*

Licensed Embalmer No. 2488 .....

P. O. Address Camdenton, 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.**