

Registration District No. 206

Primary Registration District No. 5757

Registrar's No. 4

FILED FEB 06 1944

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Medicine Mills Creek, Fredricktown, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Michael's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community since 1901 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Medicine Mills Creek, Fredricktown, Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James M. Perry Clubb

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Dec 29 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Buck Horn, Madison Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Carpenter

12. Name James M. Perry Clubb

13. Birthplace Buck Horn, Madison Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marion Burks

15. Birthplace Bell Hill, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jim Harb

(b) Address Medicine Mills Crk, R. 1

17. (a) Buried (b) Date thereof Jan 6 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Madison Co. Mo.

18. (a) Signature of funeral director C. H. Cozart

(b) Address Farrington, Mo

19. (a) Jan 6 1944 (b) J. S. C. Slaughter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1944 hour 10 minute 45 M. PM

21. I hereby certify that I attended the deceased from Dec 26, 1943 to Jan 4, 1944
that I last saw him alive on Dec 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Duration 10 days

Due to _____

Due to _____

Other conditions Valvular heart lesions
(Include pregnancy within 3 months of death)

Major findings: 97d
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 _____

23. Signature Therry Barron (M. D. or other)

Address Fredericktown Mo Date signed 1/5/44

RECEIVED

District Health Officer No. 4
District File Number 244-3361
Date Filed 2-8-44

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.....

.....
working under my personal supervision.

me, Registered Apprentice No.

Signed *C. Heagan*

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.