

FILED MAY 15 1944  
Registration District No. 256

Primary Registration District No. 2001

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:  
2114 E. 7th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 43 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. 2114 E. 7th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME Bert W. McCubbin

3. (b) If veteran, name war No 3. (c) Social Security 500-01-7711

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

6. (b) Name of husband or wife Maggie 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 25, 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation Cement & Building Contractor

11. Industry or business

12. Name Wm. H. McCubbin

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Drace

15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie McCubbin  
(b) Address 2114 E. 7th St; Joplin Mo;

17. (a) Burial (b) Date thereof 4-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem;

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 4-17-44 (b) gestend Sedhalter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1944 hour 4:20 P.M. minute  M.

21. I hereby certify that I attended the deceased from May 43 to April 16 1944  
that I last saw him alive on Apr 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the right groin. Duration 2 yrs  
Due to   
Due to

Other conditions (Include pregnancy within 3 months of death) 55e

Major findings: Of operations  PHYSICIAN

Of autopsy  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)  Means of injury

23. Signature M. J. Hall MD (M. D. or other)   
Address 622 Trisco Bldg Joplin Mo Date signed 4/17/44

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

MOTHER FATHER

44-4-845

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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.....

*Jerry K. Hurebut*

Licensed Embalmer No.....

*959*

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.