V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25273

State File No.

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4356

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

72 0 0

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural, Bernie-Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Como twp West (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community whole life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Rural, Bernie Mo (If outside city or town limits, write "RURAL") 72 0 0

(d) Street No. West of Parma (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Roy Clayton Clubb

3. (b) If veteran, name war —

3. (c) Social Security No. 385-14-5753

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 24 (Day) 1919 (Year)

8. AGE: Years 25 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Chaonia, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General farming

FATHER
12. Name Jacob A. Clubb
13. Birthplace Clubb, (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Cora Medlin
15. Birthplace Clubb (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Wm Albritton

(b) Address Bernie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun. 28, 1944 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Bernie, Mo.

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Bernie, Mo.

19. (a) July 25/44 (Date received local registrar) (b) Mrs S B Rodemaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1944 hour One minute — P.M.

21. I hereby certify that I attended the deceased from June 16 44, 19, to June 25, 1944 that I last saw him alive on June 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis of Respiratory System.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 21

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature F. O Kelley (M.D. or other) DO

Address Bernie Mo Date signed 6/27/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health C...
District File Number 844-1087
Date Filed 8-9-44

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Silkeston, 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.