

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38006

FILED NOV 24 1944

Registration District No. 1

Primary Registration District No. 2001

Registrar's No. 549

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:  
1823 Illinois Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
(Specify whether  
In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME George Ernest Clubb

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-18-8042

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma Clubb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 16, 1891  
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation electrician

11. Industry or business \_\_\_\_\_

12. Name George Clubb  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Sheppard  
15. Birthplace Dallas Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Sewell  
(b) Address 906 1/2 Main, Joplin, Missouri

17. (a) burial (b) Date thereof 11/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery Carthage, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 11-14-44 (b) Gerald Sudhoffer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 906 1/2 Main  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13  
year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him did not see him alive  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 3  
23. Signature P. A. Hester (M. D. or other)  
Address Carthage, Mo. Date signed Nov 13 1944

(Licensed Embalmer's Statement on Reverse Side)

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

354  
-20-44

1204

44

44-11-925

NOV 28 1944

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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.....

*F. M. Jones*

Licensed Embalmer No.....

*2319*

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.