V. S. No. 2
0M—9-4-41
Rev. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1945

State File No. 28665

Registration District No. 333 Primary Registration District No. 6115 Registrar's No.

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Rural Richland Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

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

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

In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Rural

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

(d) Street No. 1 mile North West Hiway 60

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clifford Tubbs

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 4 (Month) 2 (Day) 1937 (Year)

8. AGE: Years 8 Months 3 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Scott Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Clarence W. Tubbs
13. Birthplace Scott Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ruby Dial
15. Birthplace Bollinger Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clarence W. Tubbs

(b) Address Morley, Mo. R.F.D. # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation Morley, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 8/12/45 (Date received local registrar) (b) Laine Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14 year 1945 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from June 18, 1945, to July 14, 1945 that I last saw him alive on July 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis — Duration 2 months

Due to Rheumatic (Acute inflammatory)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 5 8 b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. F. L. Sisson Jr (M.D. or other) DC

Address Sikeston Mo Date signed 7-25-45

1318 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 845-292
Date Filed 8-21-45

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 .....

Embalmed, Registered Apprentice No. .....,

working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.