

FILED MAR 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6464**

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion **64**  
(c) City or town Hannibal **3**  
(If outside city or town limits, write "RURAL") **4**  
(d) Street No. 314 Mark Twain Ave.  
(If rural, give location) **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William A. McCubbin

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 22, 1877  
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation laborer

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

MOTHER FATHER { 12. Name Lewis McCubbin  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name Sarah Stub  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Lula McCubbin

(b) Address 314 Mark Twain Hannibal MO

17. (a) Burial (b) Date thereof Feb 15 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GMT. Olive Cem.

18. (a) Signature of funeral director James O. Daniel

(b) Address Hannibal Mo

19. (a) 2-19-46 (b) Dr E M Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13  
year 1946 hour \_\_\_\_\_ minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug-1  
\_\_\_\_\_ 1945 to Feb 13 1946  
that I last saw him alive on \_\_\_\_\_ 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis  
Asthma Duration 6 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 131  
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) (c) Means of injury \_\_\_\_\_

23. Signature E. P. Mottley (M. D. or other) \_\_\_\_\_  
Address Hannibal, Mo Date signed 2/19/46

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

4234

3422

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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..... *H. M. McDonnell*

Licensed Embalmer No. *3889*

P. O. Address *Hannibal 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.**