

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

22666

FILED AUG 9 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 30

Primary Registration District No. 5103

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Benton "Rural"

(b) City or town Warsaw Rt. #1 Lindsey Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsaw "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country England

3. (a) PRINT FULL NAME Nellie Ann McCubbins

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month July day 19
year 1946 hour about 5 minute 30 M.

21. I hereby certify that I attended the deceased from never, 19__ to never, 19__;
that I last saw her alive on never, 19__ and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Lewis McCubbins 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased: Oct 18 1878
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis apparently

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace England Foreign
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy 93d

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Thomas Gibson

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

14. Maiden name unknown

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

16. (a) Informant Clyde McCubbins

(b) Address Warsaw, Mo.

17. (a) Burial (b) Date thereof 7/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkhead Cemetery

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 _____

18. (c) Signature of funeral director Jesse J. ...

(b) Address Warsaw

19. (a) July 20-1946 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

23. Signature D. Reserthl Coroner (M. D. or other) MO

Address Cole Camp, Mo. Date signed 7-21-46

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

21350

RECEIVED
TO THE OFFICE No. 7,
7-46-294
8-7-46

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: *John F. Reser*
Licensed Embalmer No. *4098*
P. O. Address *Tharsaw*

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.