

No. 2
4-13-40
-17-39
K 23159

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35837**
Registrar's No. **43**

Registration District No. **565** Primary Registration District No. **5761a**

1. PLACE OF DEATH:
(a) County **Miller**
(b) City or town **Brumley**
(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 **2**
In this community **Life**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Miller**
(c) City or town **Brumley**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **ZACHARIAH TAYLOR McCUBBIN**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Eloza McCubbin** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 16 - 1855**
(Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Watkins, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **William McCubbin**

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

14. Maiden name **Margaret Watkins**

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

16. (a) Informant **Casey McCubbin**

(b) Address **Brumley, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 6 - 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Hawkins Cem. Brumley Mo**

18. (a) Signature of funeral director **Sh Casey**

(b) Address **Libra, Mo**

19. (a) **Nov 8 1940** (Date received local registrar) **CR Hawk** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5** year **1940** hour _____ minute **12** A. M.

21. I hereby certify that I attended the deceased from **Oct. 17** 19**40** to **Nov. 5** 19**40**

that I last saw him alive on **Nov. 4** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cholecystitis** Duration **33 days**

Due to _____
Due to _____

Other conditions **Chronic nephritis** 10 months
(Include pregnancy within 3 months of death)

Major findings: **none** Of operations _____

Of autopsy **none**

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? **4**
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Myron Jones** Date signed **Nov 8 1940**

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

MOTHER FATHER

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

RECEIVED

Miller County Health Dep't.

County File Number 40-110

Date Filed 11/20/40

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.....

E. L. Casey

Licensed Embalmer No.....

2694

P. O. Address.....

Berea, 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.