

Registration District No. 379

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County  
(b) City or town  
(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  
In this community years, months or days

3. (a) PRINT FULL NAME FRED W. CLUBB

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

4. Sex 0  
5. Color or race  
6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

18. (a) Signature of funeral director (b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 042  
(c) City or town 3  
(d) Street No. 1250 (If outside city or town limits, write "RURAL") 2  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 10-7-41  
year hour minute M.

21. I hereby certify that I attended the deceased from 2-4-19  
to 19-19-19  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Auto pulmonary edema  
Due to  
Rheumatic arthritis & Rheumatic valvulitis  
of aortic valve  
Occlusion of coronary artery  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy 30d

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 work) (c) Means of injury  
23. Signature (M. D. or other)  
Address Date signed

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

**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. 7177  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4444

P. O. Address.....

**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.**