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35092

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 12 1948
Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 114 days
(Specify whether years, months or days)

In this community 114 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

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

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

3. (a) PRINT FULL NAME Eunice Clubb

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 5. Color of race White

6. (a) Single widowed married
divorced

6. (b) Name of husband or wife Edw. F. Clubb

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

7. Birth date of deceased May 27 1915
(Month) (Day) (Year)

8. AGE: Years 28 Months 7 Days 13
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Frank Spain

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

14. Maiden name Margie

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

16. (a) Informant Mr. Michael Beard Clark

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 10/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Stanley Dixon

(b) Address Fredericktown, Mo.

19. (a) 10-15-48 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1948 hour 3:30 minute 2 M.

21. I hereby certify that I attended the deceased from June 23 1948 to Oct 14 1948
that I last saw her alive on Oct 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis Over 4 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 13 fl
Of operations

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signatures Dr. Esther L. Coffman (M. D. 0)
Mo. State Sanatorium Date signed 10/14/48

RECEIVED

District Health Officer No. 6;

District File Number 1143-1198

Date Filed NOV 3 1943

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.....

George B. Orr

Licensed Embalmer No. 946

P. O. Address Mr Vernon, 707

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.