S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13221

Registration District No. 173 — Primary Registration District No. 4275 — Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Logan Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence 55
(c) City or town: Marionville 2
(If outside city or town limits, write "RURAL")
(d) Street No.: Logan Street 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Levi Allen Clubb
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: Hannah Catherine Clubb
6. (c) Age of husband or wife if alive, deceased years
7. Birth date of deceased: March (Month) 26, (Day) 1846 (Year)

8. AGE:	Years	Months	Days	If less than one day
	102	0	22	hr. min.

9. Birthplace: Lookout, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Farmer
FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Charley Wesley Hampton
(b) Address: Marionville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Turner Cemetery
18. (a) Signature of funeral director: Fred. C. Thieme
(b) Address: Springfield, Missouri.
19. (a) April 20-48 (Date received local registrar) (b) Ora McNatt (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1948 hour 2:12 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from ..... 1946 to April 18, 1948 that I last saw him alive on April 14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: A. P. Coffey M.D. (M. D. or other)
Address: Marionville, Mo. Date signed 4-20-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 448-545
Date Filed APR 27 1948

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.