N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22032
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 398
(b) Township — Primary Registration District No. 3019 — Registered No. 169
(c) City Independence — (d) Street No. 509 S. Pleasant St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Stella A. Grubb 610
(a) Residence, No. 509 S. Pleasant St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William E. Grubb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 7 - 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	0	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gage County Nebraska

FATHER
13. NAME Edwin R. Hillman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Penn.

MOTHER
15. MAIDEN NAME Emily C. Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Illinois.

17. INFORMANT Wm. E. Grubb
(ADDRESS) 509 S. Pleasant Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE June 5, 1938.

19. FUNERAL DIRECTOR H. W. Stahl.
(ADDRESS) 815 W. Maple Ave. Indep. Mo.

20. FILED 6-11-1938. F. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to June 4, 1938
I last saw her alive on May 19, 1938. Death is said to have occurred on the date stated above, at 2:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Cervix	1930
4 8	
Other contributory causes of importance: Cancer Liver	3

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas. T. Grabke M. D.
360 (Address) Independence Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)