No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24652

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 775

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 63 years 2 months 9 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 108 North 16th. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Stuber 316

3. (b) If veteran, name war ✓

3. (c) Social Security No. 491-10-1286

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louisa

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 9 (Day) 1877 (Year)

8. AGE: Years 63 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Buchanan County (City, town, or county) Mo. (State or foreign country) 7

10. Usual occupation Stock Cleark

11. Industry or business Continental Baking Co. 0

FATHER
12. Name Jacob Stuber
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Sarah Ozenberger
15. Birthplace Buchanan County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Louisa Stuber

(b) Address 108 North 16th. St. Jos. Mo.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 7-20-40. (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo. Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) July 20 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1, 1940 to July 18, 1940 that I last saw him alive on July 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Sigmoid Colon	6 mos
Due to: Intestinal obstruction	7 days
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation

Of autopsy none

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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) no

(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? 85 no (Specify type of place)

While at work? no (e) Means of injury

23. Signature [signature] (M. D. [illegible]) 1

Address 825 Charles St. Date signed 7/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 H. H. Kelly

Licensed Embalmer No. Mo. #3946

P. O. Address St. Joseph, 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, above space should be left blank.