FILLED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11244

Registration District No. 496 Primary Registration District No. 3025 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 122 Grant St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 27 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Brookfield (If outside city or town limits, write "RURAL")
(d) Street No. 122 Grant St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELLEN-MARIE-STUFFLEBEAN
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 2 (Day) 1914 (Year)

8. AGE: Years 27 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Brookfield (City, town, or county) - Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Roy Stufflebean
13. Birthplace Coatesville (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Margaret Ann Caldwell
15. Birthplace Milan (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature Georgia Warren
(b) Address 122 Grant St Brookfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery Brookfield
18. (a) Signature of funeral director Hill Chapel
(b) Address Brookfield
19. (a) 3-11-41 (Date received local registrar) (b) Jno H Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1941 hour 6 minute a M.
21. I hereby certify that I attended the deceased from Nov 1935, 19__, to Mar 10, 1941; that I last saw him alive on Mar 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	6 mo
Due to Chr. Valvular Heart Disease	6 yrs
Due to Scarlet Fever	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (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

23. Signature J. Lane Evans (M. D. or other) MD
Address Brookfield Mo Date signed 3-11-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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 J. K. Blacklock, Registered Apprentice No. ....., working under my personal supervision.

Signed J. K. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo.

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.