

S. No. 2
1-4-41
5-17-39
P-1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34479
Registrar's No. 6

Registration District No. _____ Primary Registration District No. 5143

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Rural Hedges Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie M Stubblefield
3. (b) If veteran, name war xxxx
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife D. P. Stubblefield
6. (c) Age of husband or wife if alive xxx years
7. Birth date of deceased July 26, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Jas G. Mackey
13. Birthplace Knox Co. Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ann Cox
15. Birthplace Knox Co. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Stubblefield
(b) Address Hedges Calif.
17. (a) Removal (b) Date thereof Oct. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: White Cem. Caldwell Co. Mo.

18. (a) Signature of funeral director W. M. Cameron
(b) Address Cameron Mo.
19. (a) Sept. 30-41 (b) H. F. Powell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 29th
year 1941 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from Aug 22
1941 to Sept 29 1941
that I last saw her alive on Sept 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Anemia
Due to Chronic Pleocytosis
Duration 6 months
6 weeks

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 13a
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. M. Cameron (M. D. or other) _____
Address Cameron, Mo. Date signed 9/30/41

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

13
0
0

2113

MP

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..... *C. Moore*.....
Licensed Embalmer No. *1180*.....
P. O. Address *Cameron 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, fact should be so stated above.