

DEC 18 1941 93

Registration District No. _____

Primary Registration District No. 4415

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Edgerton - Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 60 yrs years, months or days) (Specify whether

3. (a) PRINT FULL NAME

Willie Stubbs

3. (b) If veteran, name war none

3. (c) Social Security No. 1580-07-7770

4. Sex male 5. Color or white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma Stubbs 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 25 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Camden Point Missouri (City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. laborer

11. Industry or business County work

12. Name Robert P. Stubbs

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Agnes Lane

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Garland P. Stubbs

(b) Address North Kansas City Mo R.D. #5

17. (a) Burial (b) Date thereof 11-19-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Mo. Cem.

18. (a) Signature of funeral director Merian Davis

(b) Address Dearborn Mo.

19. (a) 12/12/41 (b) Merian P. Davis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Edgerton Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17th year 1941 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Don't know

Duration

Sudden

Other conditions: none (Include pregnancy within 3 months of death)

Major findings: none
Of operations none

Of autopsy none

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 none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) Means of injury none

23. Signature M. H. Moore (M. D. or other) Physician
Address Dearborn Date signed 11/18/41

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

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(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

Lucian Davis

Licensed Embalmer No. *4160*

P. O. Address *Seabrook MD*

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.