

FILED JUL 23 1942

Registration District No. 37

Primary Registration District No. 5055

Registrar's No. 9

005

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Eagle Rock Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
One mile south Eagle Rock, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. One
(Specify whether)

In this community thirty four years
years, months or days

3. (a) PRINT FULL NAME Arthur Stubblefield

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Lizzie Stubblefield

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 24 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 28

If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business none

MOTHER FATHER

12. Name Clifford D. Stubblefield

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

14. Maiden name Ella Earle

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

16. (a) Informant Grant Stubblefield

(b) Address Cassville Mo

17. (a) Burial (b) Date thereof June 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist

18. (a) Signature of funeral director W.D. Raon

(b) Address Cassville Mo

19. (a) July 18 1942 (b) W.D. Raon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Eagle Rock
(If outside city or town limits, write "RURAL")

(d) Street No. one mile south Eagle Rock
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1942 hour 1:30 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to June 17 1942
that I last saw him alive on June 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexia

Due to Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 8301

Of operations _____

Of autopsy _____

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 stroke

23. Signature W.D. Raon (M.D. or other) 20

Address Cassville Date signed 6/22/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Issued Embalmer's Statement on Reverse Side
July 18, 1942
W.D. Raon

RECEIVED

District Health Officer No. 6,

District File Number 742-1030

Date Filed JUL 22 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.