

FILED MAR 10 1943

Registration District No. _____

Primary Registration District No. 4009

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Nicholas Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo - 17 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Marian Lee Stubblefield

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 - 6 - 1961
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Ind. Dear Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Yabber Stubblefield

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Stubblefield

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

14. Maiden name Unknown

15. Birthplace Elisa Fossett Ill (City, town, or county) (State or foreign country)

16. (a) Informant Marie Haynes

(b) Address McLean, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-28-1943
(Month) (Day) (Year)

(c) Place: burial or cremation McLean, Illinois

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Farnon St., St. Joseph, Mo.

19. (a) 2/28/1943 (b) J.H. Fitchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 1-3
(c) City or town Bloomington
(If outside city or town limits, write "RURAL")
(d) Street No. 603 East Mulberry
(If rural, give location)
(e) If foreign born, how long in U. S. A? 21 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27
year 1943 hour 4:25 minute P. M.

21. I hereby certify that I attended the deceased from 1-14- 1943, to 2-27- 1943, that I last saw him alive on 2-27- 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 5 days

Due to Carcinoma lower jaw 1 yr.

Other conditions (Include pregnancy within 3 months of death) 458

Major findings: Of operations _____ 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) _____
(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 U

23. Signature Willard G. Starnes (M. D. or other) _____
Address Savannah, Ind Date signed 2-27-43

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

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.....

Geo E Daniel

Licensed Embalmer No. 3300 Missouri

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.