No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35557

Registration District No. 361 Primary Registration District No. 6230 Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural — (Metz) (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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural 107 (If outside city or town limits, write "RURAL")
(d) Street No. N. W. Nevada (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phoebe E. Stubblefield

3. (b) If veteran, name war Mo. 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Stubblefield 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 26 1887 (Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Lake Twenty Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Stephen Heathman
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Phoebe Heathman
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Walter E. Stubblefield
(b) Address Horton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Rinehart, Mo.
18. (a) Signature of funeral director Eichinger Fun. Home
(b) Address Nevada Mo.
19. (a) 10-21-44 (Date received local registrar) (b) Mrs W L Charles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 14, 1943, to Sept 29, 1944, that I last saw her alive on Sept 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma L. Breast. Breast removed Jan 14-1943. Duration Dont know

Due to ✓

Due to ✓

Other conditions none (Include pregnancy within 3 months of death) 50

Major findings:
Of operations Carcinoma L. Breast
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 W. Love MD (M. D. or other)
Address Nevada Mo. Date signed 10/1/44

(225)

(Licensed Embalmer's Statement on Reverse Side)

10-44-1237
11-1-44

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. Marshall Eickinger

Licensed Embalmer No. 2656

P. O. Address. Nevada, 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.