

FILED JAN 9 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 171

Primary Registration District No. 5638

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Rural Sniabar Twns.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Mos. (Specify whether years, months or days)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
 (c) City or town 1 Mi. South of Bates City, Mo.
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Gene Louise Stubbart

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

4. Sex Fe / 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased Dec. 14, 1942
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Veryl Stubbart

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

14. Maiden name Hazel I. Hartman
(City, town, or county) (State or foreign country)

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

16. (e) Informant Veryl Stubbart

(b) Address Bates City, Mo.

17. (a) Removal (b) Date thereof Nov. 24, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director Joland R. Speake
(b) Address Independence, Mo.

19. (a) Dec 8, 45 (b) Lester Drummond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
 year 1945 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from called as
acting coroner to _____ 19____;
 that I last saw him alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning
in a farm pond

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 43

Major findings: No operation
 Of operations _____

Of autopsy no autopsy

Duration _____
 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) Accident 54

(b) Date of occurrence 11-24-45

Where did injury occur? Bates City Lafayette Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (e) Means of injury Drowning

23. Signature J. M. Martin (M. D. or other) _____

Address J. M. Martin Date signed 11/24/45

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

RECEIVED

District Health Officer No. 8,

District File Number:

Date Filed 1-2-1916

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

Calvin Speaks

Licensed Embalmer No. 3604

P. O. Address Indep. 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.