

No. 2
8-43
5-17-39
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28028

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 280
Primary Registration District No. 4416
Registrar's No. 48

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Platte City
(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 None
(Specify whether years, months or days)

In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Platte City Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Stubbs

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife husband deceased

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

7. Birth date of deceased Jan. 29 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>6</u>	<u>17</u>	hr. _____ min.

9. Birthplace Knoxville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

12. Name John Freel

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

14. Maiden name Josephene Oliver

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

16. (a) Informant John Stubbs

(b) Address Camden Point Missouri

17. (a) Burial (b) Date thereof Aug. 18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Missouri

18. (a) Signature of funeral director Benjamin Davis

(b) Address Dearborn Missouri

19. (a) 8-18-46 (b) Mrs. Ophia Rollin
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16
year 1946 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from 2 7-30 - 1946 to 8-16 - 1946
that I last saw her alive on 8-16 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Respiratory Failure

Due to Cerebral thrombosis 19 days.

Due to Arteriosclerosis -

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

Major findings: _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature W. B. Bink (M. D. or other) MD.

Address Platte City, Mo. Date signed 8-18-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Russell Davis.....

Licensed Embalmer No. 4160.....

P. O. Address..... Dearborn 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, fact should be so stated above.