. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

36782

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37965

Registration District No. 290 Primary Registration District No. 4427 5983 Registrar's No. 92

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Hi Wa 66 (6 mi west Waynesville) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 mi W. Waynesville Mo. #66 (If not in hospital or institution, write street number or location) 3

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 47

(c) City or town Joplin Mo 2 (If outside city or town limits, write "RURAL")

(d) Street No. 1819 Hy 5 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mary E. Chubb

3. (b) If veteran, name war

3. (c) Social Security No. 491-01-7311

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Joe Chubb

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

7. Birth date of deceased Aug (Month) 8 (Day) 1915 (Year)

8. AGE: Years 31 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Wm Clarence

FATHER
12. Name ~~Mary Day~~ Stephens
13. Birthplace Joplin Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jones Neel
15. Birthplace Sedalia Mo (City, town, or county) (State or foreign country)

16. (a) Informant Wm Stephens

(b) Address Joplin Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-2-46 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director Eagle Funeral Home

(b) Address Richland Mo

19. (a) 11-15-46 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1946 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Broken Neck Crushed Left Chest

Due to Automobile Collision

Due to on Hway 66 Near Waynesville

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1700-8
Of autopsy 22

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 85

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence Nov. 1, 1946

(c) Where did injury occur? Hi-Wa 66 (City or town) Pulaski (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place Hi-Wa #66 (Specify type of place)

While at work? no (e) Means of injury collision

23. Signature Levi Harrison Deputy Coroner (M. D. or other) 3

Address Richland Mo Date signed 11-1-46

351 (Licensed Embalmer's Statement on Reverse Side)

Call. With other M. Vehicle

FEB 19 1947

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. [redacted]453

P. O. Address Rockland Me

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.