

FILED JAN 7 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5388

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Russell City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3215 Campbell Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months
(Specify whether)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3215 Campbell
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annie E. Sublett

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1946 hour 7 am minute _____ M.

21. I hereby certify that I attended the deceased from
July 11, 1946 to Dec 19, 1946
that I last saw her alive on Dec 19, 1946
and that death occurred on the date and hour stated above.

4. Sex fe 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 17 1865
(Month) (Day) (Year)

Immediate cause of death Senile debility

Due to age

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>6</u>	hr. _____ min. _____

Other conditions fall injury hip & spine
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

1860's

MOTHER FATHER

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

10. Usual occupation Housewife

11. Industry or business same

12. Name Thomas Sublett

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

14. Maiden name Jane Butler

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

16. (a) Informant Carey Burns

(b) Address 3217 Blaywell

17. (a) Burial (b) Date thereof 12-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Jackson, Mo

18. (a) Signature of funeral director P. C. Syvow

(b) Address 2738 Bushart Ave

19. (a) 12-24-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 7-11-46

(c) Where did injury occur? R.C. Jackson, Mo.
(City or town) (County) (State)

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

While at work no (Specify type of place) (e) Means of injury fall

23. Signature Clayton D. Stevens (M. D. or other) 2
Address 1103 E. Wmms Date signed 12-23-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Dr. Stearns

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 *Ray E. Snow*
Licensed Embalmer No. *2560*
P. O. Address *KE 725*

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.