S. No. 2
M—5-43
. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44558

Registration District No. 301 Primary Registration District No. 6032 Registrar's No. 2277

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan, Mo Rt I
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 34 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Creek
(c) City or town Manford, Okla
(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 Mollie A Stubblefield
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Leni Stubblefield
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased July (Month) I (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	5	28	hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Parley Wright 9
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Lee Pulliam
(b) Address Manford, Okla. Rt I
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Doniphan, Tenn
18. (a) Signature of funeral director Lee Edwards
(b) Address Doniphan Tenn
19. (a) 1-7-48 (Date received local registrar) (b) E B Johnston (Registrar's signature) 7 pm

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 29
year 1947 hour 1 minute P.M.
21. I hereby certify that I attended the deceased from 28 December 1947, to 12-29- 1947;
that I last saw her alive on 28 December 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	1 yr.
Due to Metastasis from Carcinoma of breast	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46F

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 M Kohe (M. D. or other) M.D.
Address Doniphan, Mo. Date signed Jan. 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 14838
Date Filed 1-21-48

JUL 22 1957

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 Silas Johnson

Licensed Embalmer No. 4271

P. O. Address Doniphan, 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.