

No. 300  
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5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4068

State File No. ....

FILED MAR 1 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 hours  
In this community 20 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3107 Dale Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary Frances Stufflebean

3. (b) If veteran, name war None 3. (c) Social Security No. 487-14-4037

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grant Stufflebean 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased September 1 1894  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation Floor Lady on Overall Floor

11. Industry or business Ely-Walker Mfg. Co.

MOTHER FATHER { 12. Name Eiton Haughey  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy A. Trumba  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Grant Stufflebean  
(b) Address 3107 Dale Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aahland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-24-48 (b) W. E. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th  
year 1948 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 8  
1948 to Feb 18 19 48  
that I last saw her alive on Feb 18 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Simple Meningitis

Due to Influenza

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

Major findings: Of operations 33 B  
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  
23. Signature W. E. Jenkins (other)  
Address St. Joseph Mo Date signed 2/20/48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 \_\_\_\_\_

*Raymond W. Merchant*

Licensed Embalmer No. **4413 Missouri**

P. O. Address **St. Joseph, 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.**