

No. 2  
1-1/47  
17-39

7937

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 366

U.S. National Office of Vital Statistics  
FILED APR 5 1948

Registration District No. 472

Primary Registration District No. 1000

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: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 weeks  
(Specify whether years, months or days)  
In this community: 32 years.

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.: 2244 Eugene Field Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME: Nellie June Stubbs

3. (b) If veteran, name war: None  
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: Louis S. Stubbs  
6. (c) Age of husband or wife if alive: years  
7. Birth date of deceased: March 10 1898  
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 11  
If less than one day hr. min.

9. Birthplace: Warsaw Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business:  
12. Name: Lionel Fairfax  
13. Birthplace: Unknown Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name: Ella Mae Shain  
15. Birthplace: Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Norman Pearce  
(b) Address: R. #3 St. Joseph, Mo.

17. (a) Burial: Burial (b) Date thereof: Mar. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Memorial Park Cemetery

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

19. (a) 3-26-48 (b) E. G. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st  
year 1948 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 1947, 19, to 3.21.48, 19, that I last saw her or alive on 3.21.48, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery disease  
Duration

Due to: —  
Due to: —

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

Major findings: — 46 B  
Of operations: —  
Of autopsy: —  
PHYSICIAN: —  
Underline the cause of 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?.....

While at work?..... (Specify type of place)  
c) Means of injury: —

23. Signature: J. H. Ryan (M. D. or other) 3.22.48  
Address: St. Joseph, Mo. Date signed: —

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

MOTHER FATHER

11  
1  
7  
0

MAY 4 1948

JUL 28 1949

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 Elbert E. Harrington  
Licensed Embalmer No. 3258 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.