. S. No. 2
9M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

Registration District No. 1928

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5460

State File No. 29545

Registrar's No. 773

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Galloway (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home: Galloway Mo. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Galloway (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: IDA EMMA STUBBS
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Newland Stubbs
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan (Month) 2 (Day) 1864 (Year)
8. AGE: Years 84 Months 8 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace: Arno (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Franklin Thomas
13. Birthplace: New York (City, town, or county) (State or foreign country)
14. Maiden name: Diana Humphrey
15. Birthplace: New York (City, town, or county) (State or foreign country)
16. (a) Informant: A. F. Stubbs
(b) Address: Galloway, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Munger Cem - Springfield Mo
18. (a) Signature of funeral director: Gordon Schaff Funeral Home
(b) Address: Springfield Mo
19. (a) 9-16-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1948 hour 6 minute 8 P.M.

21. I hereby certify that I attended the deceased from 11 Sept 1948 to 14 Sept 1948 that I last saw her alive on 14 Sept 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Vascular Accident — Duration
Due to: Hypertension + possible
Due to: Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 30
Of autopsy: 0

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Henry F. Knabb M.D. (M. D. or other)
Address: 1630 N. Jefferson Sgfd Mo Date signed: 15 Sept '48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 48-9-20
Date Filed 9-25-48

OCT 6 1948

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 Harry Clyne

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.