

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

10428
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 15-6
 (b) Township Grand River Primary Registration District No. 5219
 (c) City _____ Registered No. 19
 (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 312 John L Stubbs St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elle A Stubbs
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6-1856
 7. AGE YEARS 82 MONTHS 4 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1939 to Mar 22 1939
 I last saw him alive on March 19 1939. Death is said to have occurred on the date stated above, at 5A m.
 The principal cause of death and related causes of importance were as follows:
Uraemic Coma
chronic nephritis
with arterial sclerosis
 Date of onset _____
 Other contributory causes of injury Senility | 71

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 FATHER 13. NAME Augustin R Stubbs
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 MOTHER 15. MAIDEN NAME Scinia Scott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT (ADDRESS) J. Lee Stubbs
103 - Harrisonville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE _____ 19____
 19. FUNERAL DIRECTOR (NAME) RUNNENBURGER'S
 (ADDRESS) HARRISONVILLE, MO.
 20. FILED 3/24 1939 J. E. Wesley, Jr.
Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. A. Scott M. D.
84-15 (Address) Harrisonville Mo

101-2021

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

19

APR 18 1939

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 Ernest Remmenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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, above space should be left blank.