

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24603**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **720**

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 _____ (Specify whether years, months or days)
In this community 22 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. 101 South 16th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1940 hour 10 minute 40 a. m.

21. I hereby certify that I attended the deceased from 6/23/40
to 7/4, 1940, to 7/4, 1940,
that I last saw her alive on 7/4, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction Duration
Fibrous Uterus

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Fibrous Uterus
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(e) Accident, suicide, or homicide (specify) no
(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?
85
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. T. Stacey (M. D. or other)
Address St. Joseph, Missouri Date signed 7/5/40

3. (a) PRINT FULL NAME Stella Cuthburt Pierce 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 22 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>1</u>	<u>12</u>	hr. _____ min.

9. Birthplace Boston Massachusetts
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home 9

12. Name James Cuthburt 9

18. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Robanna Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Pierce

(b) Address St. Joseph, Missouri (101 S 16th)

17. (a) burial (b) Date thereof July 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Paragon, St. Joseph

19. (a) July 6 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 W. H. Kelly

Licensed Embalmer No. 3946

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, above space should be left blank.