

FILED JAN 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43282

State File No. _____

Registration District No. 919

Primary Registration District No. 5793 C

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural Hawcreek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 11 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Eula May Stubbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Earl E. Stubbs 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Sept. 17 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 2 27 hr. min.

9. Birthplace Clark, County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Aylet McIntosh

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

14. Maiden name Bertha Dotson

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

16. (a) Informant Earl E. Stubbs

(b) Address Stover, Mo.

17. (a) Burial (b) Date thereof Dec. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Union Cem.

18. (a) Signature of funeral director Rapp & Stevinson

(b) Address Stover, Mo.

19. (a) Dec 19th 1940 (b) Thos Ripberger
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 th.
year 1940 hour 4 minute 30 P. A. M.

21. I hereby certify that I attended the deceased from 1939
_____ 19____ to Dec 9 1940
that I last saw her alive on Dec 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis 2 yrs

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

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to 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?

530
(Specify type of place) While at work? _____
(e) Means of injury _____
23. Signature Chas S. Kiest (M. D. or other) _____
Address Stover Mo. Date signed 12/16/40

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

NOV 11 1941

RECEIVED

District Health Officer No. 7,

District File Number 1-41-90

Date Filed 1-11-41

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.....

Jewell Stevenson

Registered Apprentice No.....

working under my personal supervision.

Signed *Jewell Stevenson*

Licensed Embalmer No. 4273

P. O. Address Stover, 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.