

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 3 1941
Registration District No. 711

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours
(Specify whether years, months or days)

In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 Joplin St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

49
2
5

3. (a) PRINT FULL NAME Alice Myrtle Stubblefield

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. E. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 12 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>11</u>	<u>11</u>	hr. _____ min.

9. Birthplace Farwell Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Clarence Case

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

14. Maiden name No RECORD

15. Birthplace No RECORD.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Myrtle Stubblefield
(b) Address 1212 Joplin St.

17. (a) Burial (b) Date thereof 3-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Herbert Lund Co.
(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 3-25-41 (b) Ed. N. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1941 hour 12:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 21, 1941 to March 22, 1941; that I last saw her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Carcinoma of Left Breast 5 yrs.

Due to _____

Other conditions SD
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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? 372

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

23. Signature [Signature] (M. D. or other) Phys.
Address Joplin Date signed 3-25-41

MOTHER FATHER

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.....

Sam E. Sweeney Jr.

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.