

No. 2
-1-4-41
5-17-39
I X2650

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25008

REG. DIST. AUG 14 1941
Registration District No. 289

Primary Registration District No. 5407

Registrar's No. 97

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town 13-1-10-2-15 "Rural"
(c) Name of hospital or institution: Home Cotton Mill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin 035
(c) City or town Malden "Rural" 0
(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 _____ 0

3. (a) PRINT FULL NAME Ellen Stubblefield
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1941 hour 4 minute 30 a. M.

4. Sex Female 5. Color or race _____
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from March 22 1941 to July 22 1941
that I last saw her alive on July 21 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased July 16 - 1876
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
65 0 6 hr. min.

Immediate cause of death Carcinoma of cervix Duration 2 yrs

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name J.C. Maples
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name uk
15. Birthplace uk (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. J. Westman
(b) Address Campbell mo.
17. (a) Rural (b) Date thereof 7-23-41
(Burial, cremation) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Gilead
18. (a) Signature of funeral director Lander Funeral Home
(b) Address Campbell mo.
19. (a) 7-23-1941 (b) S.B. Mitchell
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Homer Beile MN (M. D. or other) D
Address 1102 1/2 Main St. Malden Mo Date signed 7/23/41

262 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 841-1061

Date Filed 8-12-41

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Christine M. Landes

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.