

FILED SEP 12 1941

Registration District No. 377

Primary Registration District No. 1002

3052

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City

(c) Name of hospital or institution: 12 15 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: two days 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Intent Stubbs

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: male 5. Color or race: negro

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased: August 8, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days _____ hr. _____ min.

9. Birthplace: Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: C. W. Howard

13. Birthplace: unknown

14. Maiden name: Bessie Stubbs

15. Birthplace: Nat Springs, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant: Magnolia Stubbs

(b) Address: 12 15 Garfield

17. (a) Burial (b) Date thereof: Aug 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Blue Ridge Lawn

18. (a) Signature of funeral director: E. Sterling Bell

(b) Address: 89 1/2 118 1/2 St. N. W. S. 279

19. (a) (b) M. M. S. 279
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 12 15 Garfield
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 10th year: 1941 hour: 10⁰⁰ minute: 02 M.

21. I hereby certify that I attended the deceased from 8-8-41, 1941, to 8-10-41, 1941; that I last saw him alive on 8-9-41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth

Due to: _____

Due to: _____

Other: _____

(Include pregnancy within 3 months of death)

Major findings: Of operations: 159

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? _____

(Specify type of place)

While at work: _____ (e) Means of injury: _____

23. Signature: Don M. Tillman (M. D. or other) _____

Address: 1618 Lydia Date signed: 8/11/41

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E. Sterling Billa

Licensed Embalmer No.

3178

P. O. Address.....

H. C. 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.