

FILED JAN 11 1943

Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1014 E 26 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **39 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1014 E 26th** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME

Ida May Stubblefield

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Albert P Stubblefield**

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

7. Birth date of deceased **May 9**
(Month) (Day) (Year)

1868
(Year)

8. AGE:

Years	Months	Days	If less than one day
74	7	18	hr. min.

9. Birthplace

Mo (City, town, or county) (State or foreign country)

10. Usual occupation

House Work

11. Industry or business

MOTHER FATHER

12. Name **John Tiller**

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

14. Maiden name **Jane Ethers**

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

16. (a) Informant **Mrs Eva Ruble**

(b) Address **1014 E 26th**

17. (a) **Burial** (b) Date thereof **Dec 28/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Rose 7 Henderson**

(b) Address **15th Jackson**

19. (a) **12-28-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26** year **1942** hour **11** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept. 24** 1942 to **December 26** 1942; that I last saw her alive on **December 25** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Rectal Carcinoma** Duration **2 yrs**

Due to **46 5**

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

23. Signature **A. J. Lind** (M. D. or other) **12/28/42**
Address **238 Brotherhood Bldg** Date signed

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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 *R. E. Henderson*.....

Licensed Embalmer No. *3657*.....

P. O. Address *N. G. 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.