

S. No. 2
M-94-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10274

State File No. _____

Registrar's No. 246

FILED APR 12 1943
Registration District No. 318

Primary Registration District No. 2000

39
62
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE

(a) County GREENE

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

(c) Name of hospital or institution: 329 W. Hovey
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Twenty Four Years (Specify whether years, months or days)

In this community Twenty Four Years

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

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

(d) Street No. 329 Hovey
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NANCY MARIA STUBLEFIELD

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased October 4 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>20</u>	--- hr. --- min.

9. Birthplace Nixa Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Faught

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

14. Maiden name Mrs Warren

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

16. (a) Informant George Stublefield

(b) Address 329 W. Hovey

17. (a) Burial (b) Date thereof 3/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville, Ave.

19. (a) 3-24-43 (b) W. H. Handley
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1943 hour Eight minute 30 A.M.

21. I hereby certify that I attended the deceased from 3/21/43
_____ 19____ to 3/24/43 1943

that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 3d.

Due to Cerebral Hemorrhage

Due to _____

Other conditions Perniciou anemia since 1935
(Include pregnancy within 3 months of death)

Major findings: g. a.

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 Wm D. Callaway (M.D. or other) MD

Address Springfield Mo Date signed 3/24/43

984

APR 21 1943

APR 12 1943

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..... **Fred C. Thieme**

Licensed Embalmer No..... **2899**

P. O. Address..... **Springfield, Missouri**

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.

X