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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 44

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14283

Primary Registration District No. 5145

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Caldwell,

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

(c) Name of hospital or institution: Breckenridge-Township-Rural,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Breckenridge - Rural 13
(If outside city or town limits, write "RURAL")

(d) Street No. Breckenridge township
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Stephen Stubblefield,

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

3. (c) Social Security No. Yes,

4. Sex Male,

5. Color or race White

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

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

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

7. Birth date of deceased Dec.-23rd.,--1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 10 If less than one day ✓ hr. ✓ min.

9. Birthplace McClain -County,-.Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farming,-Retired,

FATHER
12. Name John Stubblefield,
13. Birthplace McClain-County,- Illinois,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Goodwin,
15. Birthplace McClain County,--Illinois,
(City, town, or county) (State or foreign country)

16. (a) Informant Cahrles Stubblefield,
(b) Address Breckenridge, Mo.,-R. F. D.

17. (a) Burial------- (b) Date thereof April,-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation The White Cemetery

18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.

19. (a) April 6-44 (b) E A Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1944 hour About 7 minute -30 A.M.

21. I hereby certify that I attended the deceased from Did not, ..., 19...., to ....., 19....;
that I last saw him ~~alive~~ on dead, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris left Instant. Found dead when alone for a few minutes only

Due to Subject to attack for several years. Probable cause of

Due to death

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

E A Thompson M & Corner

Major findings:
Of operations .....
Of autopsy .....

Duration

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 E A Thompson Corner (M.D. or other)

Address Breckenridge MO Date signed 4-4-44

1151

(Licensed Embalmer's Statement on Reverse Side)

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. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.