

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 31 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 39

Primary Registration District No. 4105

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Peculiar

(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether)

In this community 44 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Case

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

(d) Street No. ✓ (If rural, give location)

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

3. (a) PRINT FULL NAME Van Dora Stubblefield

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1944 hour ✓ minute NP M.

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

6. (b) Name of husband or wife George Stubblefield 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July 24-1872 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15 1944 to Aug 20 1944 that I last saw her ✓ alive on Aug 20 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 26 If less than one day hr. min.

Immediate cause of death Chronic Myocarditis ?

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

10. Usual occupation Home Maker

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  Pernicious anemia (Include pregnancy within 3 months of death) 2

11. Industry or business

MOTHER FATHER { 12. Name Alfred Terton

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

14. Maiden name Jane Terton

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

Major findings: Of operations 93d

Of autopsy \_\_\_\_\_

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

16. (a) Informant Charles Stubblefield

(b) Address Peculiar - MO

17. (a) burial (b) Date thereof May 22-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar

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? \_\_\_\_\_

18. (a) Signature of funeral director RUNNENBURGER'S HARRISONVILLE MO

(b) Address \_\_\_\_\_

19. (a) May 22, 1944 (b) Margaret Terton (Date received local registrar) (Registrar's signature)

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

23. Signature Walter V. Robbins (M. D. or other) MD

Address Peculiar, MO Date signed 5/21/44

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

*Ernest R. Runnenburger*

Licensed Embalmer No.

*3368*

P. O. Address

*Harrisonville 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, above space should be left blank.