

Registration District No. 188

Primary Registration District No. 2028

1. PLACE OF DEATH: LINN

(a) County LINN

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

(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 years, months or days)

In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN 58

(c) City or town BROOKFIELD, MO 1

(d) Street No. 521 HARRISON ST (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LOUELLA STUEFFLEBEAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased MARCH 4 1881 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 10 If less than one day hr. min.

9. Birthplace ST CATHERINE MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name AUGUST TANNER

13. Birthplace UNKNOWN (State or foreign country)

14. Maiden name SARAH MCCOLLUM

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

16. (a) Informant WILLARD, STUEFFLEBEAN

(b) Address 521 HARRISON, BROOKFIELD MO

17. (a) BURIAL (b) Date thereof DEC 15-1944 (Month) (Day) (Year)

(c) Place: burial or cremation ROSE HILL CEM

18. (a) Signature of physician _____ (Specify type of place)

(b) Address _____ (c) Means of injury _____

19. (a) 12-16-1944 (b) W. W. Cavan (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 13 year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from on Nov 9 1944 to Nov 10 1944

that I last saw her alive on Nov 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to _____

Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature: W. W. Cavan (M. D. or other) P. O.

Address: Brookfield Mo. Date signed: 12-16-44

Duration

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Stuppleson

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..... *C. A. Larson*

Licensed Embalmer No..... *4037*

P. O. Address..... *Bucklin, 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.