

S. No. 2
FORM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 20 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ten minutes
(Specify whether
in this community 1 Month 13 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2021 So. 4th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Thomas D. Stufflebean

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive * years

7. Birth date of deceased November 21 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 13 hr. min.

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

10. Usual occupation Infant

11. Industry or business None

12. Name Thos. H. Stufflebean

13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dolla Mae Johnson

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

16. (a) Informant Thos. H. Stufflebean

(b) Address 2021 So. 4th. St.

17. (a) Burial (b) Date thereof Jan. 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Newton W. Jenkins
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 1-11-47 (b) H. E. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1947 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from
Jan 3d 1947 to Jan 4 1947

that I last saw him viewed alive on Jan 3d 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pnaumonia Duration

Due to 1

Due to 1

Due to 1

Other conditions 10
(Include pregnancy within 3 months of death)

Major findings:
Of operations 10

Of autopsy 10

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 10

(b) Date of occurrence 10

(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 3

23. Signature B. W. Tadlock Coroner
(M. D. or other)

Address KING HILL BLDG Date signed 1/6/47

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

MOTHER FATHER

582 (Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

1/2

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 *Emm Thomas*

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.