

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7432
State File No. _____
Registrar's No. 1153

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
Mr. Mans. Herbert Roberts Co. 1410 St. Louis Ave
only way transfer company

(d) Length of stay: In hospital or institution 3
(Specify whether _____)

In this community 47 YEARS
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 5841 WORNALL ROAD
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MR. ROY S. STUBBS

3. (b) If veteran, name war No

3. (c) Social Security No. 487-07-2081

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MARTHA JANE STUBBS

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JANUARY 11 1884
(Month) (Day) (Year)

8. AGE: Years Months Days 63 1 30²⁹
If less than one day _____ hr. _____ min.

9. Birthplace MT. PLEASANT IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation OWNER

11. Industry or business ONLY WAY TRANSFER COMPANY

12. Name ISSAC NEWTON STUBBS

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

14. Maiden name LAURA SHERMAN

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

16. (a) Informant Roy M. Stubbs

(b) Address 5841 Wornall Road

17. (a) BURIAL (b) Date thereof MAR-13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director W. H. Newcomb

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-13-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10TH
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11-30-46 to 3-10-47
that I last saw him alive on 3-8-47
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Coronary thrombosis

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. H. Johnson Jr. (M.D. or other) M.D.
Address 286 Plaza Theatre Bldg. Date signed 3-10-47

2-5-11
Pete Hethelberg - 231 N. 7th St.

01-10-11

Handwritten notes:
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.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

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.

Handwritten notes:
11-11-11
L.R. 11-11-11