

FILED FEB 16 1948

Registration District No. 42

Primary Registration District No. 1000

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:
2244 Eugene Field Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. not (Specify whether
In this community 37 years. (Month) (Year)

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. 2244 Eugene Field Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Swaim Stubbs

3. (b) If veteran, name war None
3. (c) Social Security No. 491-10-1449

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Fairfax Stubbs
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased February 22 1882
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| ✓ | 65 | 11 | 13 | hr. min. |

9. Birthplace West Elkton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agency

11. Industry or business Stubbs Ins. Co.

12. Name Ira Stubbs

13. Birthplace West Elkton Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Swaim

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

16. (a) Informant Mrs. Nellie F. Stubbs

(b) Address 2244 Eugene Field Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-10-48 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th
year 1948 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 15 1947 to Feb 5 1948
that I last saw him alive on Feb 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Reph. Chr.

Due to: arterio-scl. gen

Other conditions: chronic ill - anemia
(Include pregnancy within 3 months of death)
Major findings: pers.

Of operations: ✓
Of autopsy: 67

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: Frank H. Gardner (M. D. or other)
Address: 620 Monroe St. Date signed: Feb 16 1948

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

MOTHER FATHER

JUN 24 1949

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 *Albert C. Harrington*

Licensed Embalmer No. *5258* *Missouri*

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.