FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1949
Registration District No. 192

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 42454
Registrar's No. 183

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1702 E. 7th St. Trenton
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution One year (Specify whether
In this community One year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 1702 East 7th., St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Stella Rose Black
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 28 (Day) 1872 (Year)

8. AGE: Years 76 Months 3 Days 22 If less than one day hr. min.
9. Birthplace Mercer Co., Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Hiram Fletcher
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Clark
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Harry Baker
(b) Address Cainsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Goshen Cemetery
18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Mo.
19. (a) 12-24-48 (Date received local registrar) (b) Jane Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1948 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 10-48, 19, to Dec 20 1948
that I last saw her alive on Dec 20 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio Sclerosis	6 mos or more
~~Due to~~	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. A. Duffy (M. D. ~~or other~~)
Address Trenton, Missouri. Date signed 12/22/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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~~ Winifred S. Taff Registered Apprentice No. 239 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.