DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40551

Registration District No. 696 — Primary Registration District No. 5924 — Registrar's No. 25

1. PLACE OF DEATH:
(a) County: Platte (Carroll twp)
(b) City or town: Rural Platte City, Route 2 (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 — In this community: 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Platte City, Mo. Route #2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME: Sarah F. Stubbs
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fe
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Newlin F. Stubbs
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: December 5, 1871 (Month) (Day) (Year)
8. AGE: Years 64, Months 11, Days 2. If less than one day: hr. min.
9. Birthplace: Platte Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Andrew Haladay
13. Birthplace: Andrew County, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Alice Frazier
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Raymond Stubbs
(b) Address: Platte City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 9, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Sentianry Cem Platte City
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: North Kansas City, Mo.
19. (a) 11/9/1939 (Date received local registrar) (b) Mrs Francis E Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1939 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from Nov 3, 1939, to Nov 6, 1939; that I last saw h er alive on Nov 6, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Paranephritic abscess — Duration
Due to: Acute Infection of Kidney
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations — Of autopsy

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

23. Signature: [signature] (M. D. or other)
Address: Smithville, Mo — Date signed: 11-7-39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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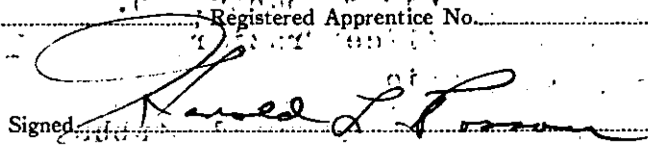
[illegible] No. 11

[illegible] 12.39-1698

[illegible] DEC 11 1939

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 Harold L. Posson, Registered Apprentice No. .... working under my personal supervision.



Signed ....

Licensed Embalmer No. 3605

P. O. Address North Kansas City, 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, above space should be left blank.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40531
Do not use this space.

1. PLACE OF DEATH
(a) County Platte
Registration District No. 696
(b) Township Carrol
Primary Registration District No. 3924
Registered No.
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah F Stubbs
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 64 MONTHS 11 DAYS 2 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from ......, 19...... to ......, 19......
I last saw h...... alive on ......, 19...... Death is said to have occurred on the date stated above, at ......m.
The principal cause of death and related causes of importance were as follows: Date of onset
Perinephritic abscess (acute infection of kidney) 8
Other contributory causes of importance:
(Cause not determined) 17 ?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ......, 19......
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. E. Spelman, M. D.
(Address) Dearborn Mo

SUPPLEMENTARY