

REC'D JUL 14 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21343

Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001 Registered No. 597  
 (c) City St. Joseph. (d) Street No. St. Joseph's Hospital. 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 Sadie Nell Stanley. 354  
 (a) Residence, No. Industrial City Mo. St. 1  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Stanley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 27, 1898.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
40 3 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.

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) 1938 11. Total time (years) spent in this occupation 8.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph. Missouri. 0

13. NAME Charles Hartley. 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Indiana. 1

15. MAIDEN NAME Lula Sinclair.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Indiana.

17. INFORMANT (ADDRESS) Mrs Eva Berry. Industrial City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Joseph Mo. June 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.

20. FILED 6/6 38 J. H. Reed  
Regist.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from viewed  
June 5th, 1938, at 8:45 A.M.

I last saw him..... alive on..... Death is said to have occurred on the date stated above, at.....

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism

Date of onset

Other contributory causes of importance:

none

Name of operation..... Date of.....  
 What test confirmed diagnosis History Was there an autopsy yes

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? no  
 If so, specify.....

(Signed) B. W. Tadlock Coroner 7 M. D.  
 (Address) King Hill Bldg

STATEMENT BY LICENSED EMBALMER

I, Robt P. Clarkson Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

✓ L. E. ✓

No. ✓ or by ✓ Registered Apprentice No. ✓

working under my personal supervision.

Signed Robt P. Clarkson

Licensed Embalmer No. 4028

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.)