

REC'D OCT 18 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
31727
Do not use this space.

1. PLACE OF DEATH

 (a) County Buchanan | Registration District No. 85
 (b) Township _____ | Primary Registration District No. 1001
 (c) City St. Joseph | (d) Street No. Saint Joseph 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. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOSEPH - A - STANLEY 354
 (a) Residence, No. 3329 Jefferson St. Kansas City Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 3. SEX Male 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 Bernadette Stanley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1881
 7. AGE YEARS 57 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Mid Central Fish Co
 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) Pennsylvania13. NAME Karen Stanley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Delia Mc Gee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania17. INFORMANT How Stanley - Brother (ADDRESS) 532 W 39th St. Kansas City Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE 9-10 193819. FUNERAL DIRECTOR Barry Wylie Funeral Home (ADDRESS) 218 S 10th St20. FILED 99-3879 1938 St. Joseph Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1938, to Sept 8 1938
 I last saw him alive on Sept 8 1938. Death is said to have occurred on the date stated above, at 9 P.M.
 The principal cause of death and related cause of importance were as follows:

Fracture of Pelvis with retroperitoneal hemorrhage Date of onset 9/5/38
210 W 20th

 Other contributory causes of importance:
Fracture of wall of bladder (urinary) Traumatic Shock Date of onset 9/5/38

 Name of operation none Date of 9/8/38
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 9/5 1938
 Where did injury occur? St. Joseph Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

 Manner of injury Auto Collision
 Nature of injury Fracture of Pelvis

 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify: St. Joseph Mo (Signed) Chas. Thompson, M. D.

 (Address) 825 Charles St. St. Joseph Mo

AUG 23 1948

STATEMENT BY LICENSED EMBALMER

I, John Roy Stawey, Licensed Embalmer No. 2435
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John Roy Stawey
Licensed Embalmer No. 2435

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.)