

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

**2129**  
 Do not use this space.

**REC'D FEB 16 1939**

**1. PLACE OF DEATH**

(a) County Daviess Registration District No. 233  
 (b) Township Jackson Primary Registration District No. 4353 Registered No. 1  
 (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** Joseph Oscar Stanley

(a) Residence, No. Daviess Co. Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Stanley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1860  
 7. AGE YEARS 78 MONTHS 3 DAYS 11 IF LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Agriculture  
 10. Date deceased last worked at this occupation (month and year) Jan. 1939 11. Total time (years) spent in this occupation Life

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Jan 21, 1939  
 I last saw h. Ann. alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 8:30 PM  
 The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiac & vascular renal disease  
 Date of onset 1/21  
 Other contributory causes of importance:  
Hypertrophy of prostate  
paralysis agitans

12. BIRTHPLACE (CITY OR TOWN) Sullivan Co.  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Richard M. Stanley  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Sarah Mitchell  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Homer Miller  
 (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek Cem. DATE Jan. 23, 1939

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Undt. Co.  
 (ADDRESS) Gallatin, Mo.

20. FILED Jan 20, 1939 R. Y. Minnick  
 Local Registrar.

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. W. Barks, M.D. \_\_\_\_\_, M. D.  
 (Address) Gallatin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

**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, .....

L. O. Richesson .....

or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No..... 3302 .....

P. O. Address..... Gallatin, 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.**