

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

36411
Do not use this space.

1. PLACE OF DEATH *Jasper*

(a) County *Jasper* Registration District No. *411*

(b) Township *1st* Primary Registration District No. *5569*

(c) City *R.R.#1 Webb City* (d) Street No. *R.R.#1 Webb City* Registered 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 *40* yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *John Henry Stapleton*

(a) Residence, No. *R.R.#1 Webb 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

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Elena*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 23 - 1862*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>77</i>	<i>2</i>	<i>10</i>	

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. *Farmer*

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) *Quincy Ill.*

FATHER

13. NAME *Nelson Stapleton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER

15. MAIDEN NAME *Mary Ann Clapps*

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

17. INFORMANT (ADDRESS) *Dani Stapleton R.R.#1-Webb City*

18. BURYING, CREMATION, OR REMOVAL PLACE *Along Cem* DATE *Oct 4 39*

19. FUNERAL DIRECTOR (ADDRESS) *Tharndre Dreeon 4th & Wall*

20. FILED *10-4 39* *Ed B James* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 2 39*

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on *Oct 3 - 1909* Death is said to have occurred on the date stated above, at *4:45 p.m. 10/2/39*

The principal cause of death and related causes of importance were as follows:
Heart Beach Date of onset _____

Other contributory causes of importance: *ASH*

Name of operation *none* Date of _____

What test confirmed diagnosis? _____ 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) *Dr. P. Winchester Crowder* M. D.
(Address) *Jasper, Mo.*

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2246

Date Filed NOV 8 1939

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ~~3898 me~~

L. E.

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

Signed David Dillon
Licensed Embalmer No. 3898

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.)