

FILED MAY 9 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14858

State File No. \_\_\_\_\_

Registration District No. 314

Primary Registration District No. 4190

Registrar's No. 11

1. PLACE OF DEATH:

- (a) County Deer  
(b) City or town Stanherry Mo.  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 56-3- years, months or days)

8. (a) PRINT FULL NAME Margaret Staley 340

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race whit 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife William Friedrich Staley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8 30 1885  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Traglin  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Joseph H. Staley

(b) Address Bellings Montana

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 4-18-1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Highbridge

18. (a) Signature of funeral director John H. Henson

(b) Address Stanherry Mo.

19. (a) 4-18 (b) John H. Henson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Deer  
(c) City or town Stanherry  
(If outside city or town limits, write "RURAL")  
(d) Street No. East 3rd street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1940 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 20 1939 to April 15 1940  
that I last saw her alive on April 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart  
hemorrhage  
Due to High Blood Pressure Duration 1 mo

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none Of autopsy no  
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? \_\_\_\_\_

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

23. Signature J N Borge (M. D. or other) \_\_\_\_\_  
Address Stanherry Mo Date signed 4-18-40

RECEIVED  
District Health Officer No. 11,  
District File Number 2-40-619  
Date MAY 6 1940

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 Me

working under my personal supervision. Registered Apprentice No. \_\_\_\_\_

Signed

J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanbury 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.