

No. 2
-11-10779
5-1-1940
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17919

JUN 10 1940

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 564

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST-JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ABT-15 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN
(c) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL")
(d) Street No. 723 No. 4
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1940 hour 10:45 minute P M.
21. I hereby certify that I attended the deceased from 4/26/40
_____ 19____ to 5/18 1940
that I last saw her alive on 5/18/40 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 6 hrs.

3. (a) PRINT FULL NAME DELLA-MAY-STALDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Jesse Stalder 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased aug 3 1895
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Platte Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William W. Milligan

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Wesley Bleasdale

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J.W. Stalder
(b) Address 723 No 4 St

17. (a) Burial (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Ray Stoney
(b) Address St Joseph Mo

19. (a) May 20 1940 (b) W. J. Zwick
(Date received local registrar) (Registrar's signature)

Due to Hypertension

Due to _____

Other conditions Obesity
(Include pregnancy within 3 months of death)

Major findings: Of operations No oper.

Of autopsy No autopsy

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. H. Galt (M. D. or other) MD

Address Corby Bldg. St. Joseph Mo Date signed 5/20/40

Duration
6 hrs.
?
5 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Zalley. Corby

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, ^{an} or by.....

Cedric K. Jones

Registered Apprentice No. *246*

working under my personal supervision.

Signed *John L. Hurley*

Licensed Embalmer No. *4050*

P. O. Address *St Joseph 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.