No. 2
10-39
7-39
K21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21248

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 653

1. PLACE OF DEATH:
(a) County Buchanan, 1
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days, (Specify whether years, months or days)
In this community 2 days,
3/11

2. USUAL RESIDENCE OF DECEASED:
0
(a) State Missouri, (b) County Gentry,
(c) City or town Albany,
(If outside city or town limits write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th, year 1940 hour 5:00 minute 50p. M.

21. I hereby certify that I attended the deceased from June 12, 1940 to June 14, 1940; that I last saw h. alive on June 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Pancreatitis	
Due to: acute cholecystitis	
Due to: acute cholangitis	
Other conditions (Include pregnancy within 3 months of death): 12 8	

Major findings: Of operations: acute cholecystitis, acute pancreatitis
Of autopsy: ✓

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? ____ (Specify type of place)
While at work? ✓ (e) Means of injury ____

23. Signature H. K. Wallace (M. D. or other) M.D.
Address 301 N. 6th St. Albany Mo. Date signed June 15 '40

2. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Elizabeth Stapleton
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased September 6, 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	9	8	hr. ____ min.

9. Birthplace Albany, (City, town, or county) Missouri, 0 (State or foreign country)
10. Usual occupation Attorney, 0
11. Industry or business Law 0

MOTHER FATHER
12. Name William P. Stapleton,
13. Birthplace Albany, (City, town, or county) Missouri, (State or foreign country)

MOTHER
14. Maiden name Anna Bell,
15. Birthplace Macon, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Mrs. F. P. Stapleton
(b) Address Albany, Missouri,
17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 6/14/40 (Month) (Day) (Year)
(c) Place: burial or cremation Albany, Missouri,
18. (a) Signature of funeral director Heaton-Beyers-Bowman Funeral
(b) Address 319 So. 10th. Street, Home
19. (a) June 15 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

DEC. 4 1944

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~~ June, 17

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Wm E. Summerfield

Licensed Embalmer No. 5007

P. O. Address 319 So 10th St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.