

AUG 13 1940

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 19

## 1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Marceline 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)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 years \_\_\_\_\_3. (a) PRINT FULL NAME THOMAS HARVEY STAATS3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Emma Jane Staats 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased Dec. 10 1870  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
69 6 26 hr. min.9. Birthplace Putnam County Mo (City, town, or county) (State or foreign country)10. Usual occupation Grocery Business11. Industry or business Retail12. Name Spencer D Staats13. Birthplace Virginia (City, town, or county) (State or foreign country)14. Maiden name Sarah Jane Johnson15. Birthplace Not known (City, town, or county) (State or foreign country)16. (a) Informant's own signature Alma Staats(b) Address Marceline Mo17. (a) Burial (b) Date thereof July 7-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Int Olmit18. (a) Signature of funeral director Wm McLaughlin(b) Address Marceline Mo19. (a) 7-7-40 (b) Oliver Barrett  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn(c) City or town Marceline Mo  
(If outside city or town limits, write "RURAL")(d) Street No. West Grace  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1940 hour 2 minute 3 A.M.21. I hereby certify that I attended the deceased from May 29  
\_\_\_\_\_, 1940, to July 6, 1940;that I last saw him alive on July 5, 1940,  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral embolism Duration 3 hrsDue to SA

Due to \_\_\_\_\_

Other conditions Arteriosclerosis 6 mm  
(Include pregnancy within 8 months of death)PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of 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?  
Yes

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

28. Signature W. H. Patton (M. D. or other) MDAddress Marceline Mo Date signed 7/8/40

RECEIVED

District Health Officer No. 11,

District File Number

840-1082

Date Filed

AUG 12 1940

APR 3 1946

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.....

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

working under my personal supervision.

Signed Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.