

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

State File No.

Registrar's No.

Registration District No. 307

Primary Registration District No. 5666

1. PLACE OF DEATH: Linn Co. & Crest
 (a) County Linn, Mo.
 (b) City or town Linn, Mo.
 (c) Name of hospital or institution: County Farm
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months 30
 In this community 74 Years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Linn
 (c) City or town Laclede, Mo.
 (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.

3. (a) PRINT FULL NAME Katherine Minerva Stanley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Preston Stanley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 7 1865
 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation House mother

11. Industry or business _____

12. Name James J. Bailey

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

14. Maiden name Hannah P. Cotter

15. Birthplace Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Lacelle Stanley

(b) Address Laclede, Mo.

17. (a) Burial (b) Date thereof 7/21/1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director M. Shaene
 (b) Address Laclede, Mo.

19. (a) July 19 (b) Maud T. Webb
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
 year 1940 hour 3 minute _____ M.

21. I hereby certify that I attended the deceased from July 10, 1940 to July 18, 1940
 that I last saw him alive on July 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death fracture of femur right Duration 240.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) accident

(b) Date of occurrence July 15

(c) Where did injury occur? Linn Co. Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
863 at Linn Co. Mo.

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature [Signature] (M. D. or other) MD
 Address Brownfield Date signed 7/20

RECEIVED

District Health Officer No. 11,

District File Number

840-1087

Date Filed

AUG 12 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

W. G. Thorne

, Registered Apprentice No. 2876

working under my personal supervision.

Signed

W. G. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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, fact should be so stated above.