

Registration District No. **615**

Primary Registration District No. **5817**

Registrar's No. **11**

FILED SEP 24 1940

1. PLACE OF DEATH:
Newton
(a) County **Newton**
(b) City or town **RFD # 1 Diamond, Mo. Maxion**
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **17 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jimmy Lee Stanley 354**
8. (b) If veteran, name war **_____** **8. (c) Social Security** No. **_____**

4. Sex **male** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife **6. (c) Age of husband or wife if alive** **11. 1939** years
7. Birth date of deceased **March 11. 1939** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 11 hr. min.

9. Birthplace **RFD # 1 Diamond, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER { **12. Name** **Louis Stanley**
13. Birthplace **Oklahoma** (City, town, or county) (State or foreign country)
14. Maiden name **Irene Stanley**
15. Birthplace **Delaware, Okla.** (City, town, or county) (State or foreign country)

16. (a) Informant **Louis Stanley**
(b) Address **RFD # 1 Diamond, Mo.**

17. (a) Burial (b) Date thereof **8 24 1940** (Month) (Day) (Year)
(c) Place: burial or cremation **Spring Valley Cemetery**

18. (a) Signature of funeral director **T. C. Butler**
(b) Address **Diamond, Missouri**
19. (a) Aug 24 1940 (b) **Mrs. U. S. Chapman** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
7 State **Missouri** (b) County **Newton**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD # 1 Diamond, Missouri** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **23rd** year **1940** hour **2.40** minute **a** M.

21. I hereby certify that I attended the deceased from **Aug. 18, 1940** to **Aug. 23, 1940** that I last saw him alive on **Aug. 18, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute enterocolitis**

Due to: **Improper feeding**

Due to: _____

Other conditions: **119 B** (Include pregnancy within 3 months of death)

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? **895**
While at work? _____ (Specify type of place)
Means of injury: _____

23. Signature **W. B. Chapman** (M. D. or other) _____
Address **Joplin, Mo.** Date signed **8/24/40**

Duration
PHYSICIAN
Underlines the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 940-2502

Date Filed SEP 10 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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