S. No. 2
-11-10-39
5-FM-ED
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7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42253

State File No.

Registration District No. 218 Primary Registration District No. 5298 Registrar's No. 139

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Boonville Rural Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway # 40 7 Miles West
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)
In this community: 2

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County:

(c) City or town: Boonville Rural
(If outside city or town limits write "RURAL")

(d) Street No.: R #3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Gip Stapleton

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Betty Stapleton

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Aprox 67	?	?	hr. min.

9. Birthplace: Howard County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farm Hand D

11. Industry or business: O

MOTHER FATHER

12. Name: John Stapleton

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Maygerite Stewart

(b) Address: 2020 Stewart St Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 30, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Boonville City

18. (a) Signature of funeral director: L. J. Meisler

(b) Address: Boonville, Missouri

19. (a) 12-30-40 (Date received local registrar) (b) [illegible] Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1940 hour about 6 minute 90 P. M.

21. I hereby certify that I attended the deceased from not attended, 19__, to, 19__; that I last saw h — alive on not seen alive, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of neck — Duration: Instant-aneous.

Due to: being accidentally struck by an Automobile

Due to:

Other conditions: fractured ribs - Punctured lungs - both arms broken.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: N/D
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: Dec 28 1940

(c) Where did injury occur? 6 mi West of Boonville Cooper Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway no 40 While walking across highway (Specify type of place)

While at work? no (e) Means of injury: struck by auto

23. Signature: J. C. Tincher (M. D. or other) M.D.

Address: Boonville Mo Date signed Dec 30 1940

(Licensed Embalmer's Statement on Reverse Side)

Coroner of Cooper Co. Mo.

RECEIVED
District Health Officer No. 8
District File Number 1-8-41
Date Filed

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 Paul T Hackney

Licensed Embalmer No. 3598

P. O. Address Waterville Me.

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

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