

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

See 42 335-40

42334

State File No.

Registration District No. 253 Primary Registration District No. 4153 Registrar's No.

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

1. PLACE OF DEATH:  
(a) County Davies  
(b) City or town Lock Springs  
(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 \_\_\_\_\_ years, months or days 2

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

3. (a) PRINT FULL NAME John Ray Stanley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 15 day Dec  
year 1940 hour 4 a minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sarah Frances Stanley 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased June 30 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15, 1940 to Dec 15, 1940;  
that I last saw him alive on Dec 15, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
72 5 15 hr. \_\_\_\_\_ min.

Immediate cause of death Lobar pneumonia

9. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 10/5

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Richard M. Stanley  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Mitchel  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John R. Stanley  
(b) Address Lock Springs, Missouri  
17. (a) Burial (b) Date thereof 12-18-'40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lock Springs Cem.  
18. (a) Signature of funeral director F. B. Norman Co.  
(b) Address Chillicothe, Missouri  
19. (a) 2/17 (b) 4/4/40  
(Date received local registrar) (Registrar's signature)

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 J. H. [unclear] (M. D. or other) \_\_\_\_\_  
Address Lock Springs, Mo Date signed 12/18/40

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**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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Elton F. Norman*

Licensed Embalmer No..... 4036

P. O. Address Chillicothe, 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.**