

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 302

**1. PLACE OF DEATH:**

(a) County Adair

(b) City or town Keokuk  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Laughlin 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 80 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Keosauqua 052

(c) City or town Newell Rural 0  
(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.? 1 years.

**3. (a) PRINT FULL-NAME** Joe Stadley

3. (b) If veteran, name war L

3. (c) Social Security No. L

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 1  
year 1941 hour \_\_\_\_\_ minute 6:20 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Misses Stadley

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug 26 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 1, 1941;  
that I last saw him alive on Jan 1, 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 8 Days 5 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Thrombosis 94 W  
Duration 5 min

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

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

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

10. Usual occupation Farmer

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.

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Leota Stadley

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

14. Maiden name Louisa Hunsicker

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

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? 3

16. (a) Informant Russell Adams

(b) Address 107 Newell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Keokuk

18. (a) Signature of funeral director W. L. Christie

(b) Address Keokuk Mo

19. (a) Jan. 4/41 (Date received local registrar) (b) Spencer L. Meamer (Registrar's signature)

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

(e) Means of injury \_\_\_\_\_

23. Signature Ed Laughlin (M. D. or other) 3

Address Keokuk Mo Date signed 1/1/41

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

**RECEIVED**

District Health Officer No. 10

District File Number 1-41-178

Date Filed JAN 15 1941

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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.....

....., 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 with the above constitutes grounds for revocation of license.)**

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