

BUREAU OF THE CENSUS
FEB 25 1941

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community Entire life
years, months or days)

3. (a) PRINT FULL NAME Anna B. Staples

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John Thomas Staples 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 21, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name W. B. Wrist

13. Birthplace Audrain County, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Whayley

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

16. (a) Informant Frances McCowan

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 1/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WILMWOOD

18. (a) Signature of funeral director W. B. Wrist

(b) Address Mexico, Missouri

19. (a) 1-29-1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4
(c) City or town Mexico
(If outside city or town limits, write "RURAL") 1
(d) Street No. 806 S.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept, 1940, to Jan 27, 1941;
that I last saw her alive on Jan 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia suppurative

Due to partial paralysis

Due to arterio sclerosis

Other conditions (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?

(e) (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Williams (M. D. or other) Om. D.

Address Mexico Mo Date signed 1-29-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

97
RECEIVED

District Health Officer No. 10

District File Number 2-41-445

Date Filed FEB 19 1941

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 *Clara Arnold*

Licensed Embalmer No. 3569

P. O. Address *Muskegon, Mich*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1619

Registration District No. 26

Primary Registration District No. 3002

Registrar's No.

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(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)

3. (a) PRINT FULL NAME Anna B Staples

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

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

8. AGE: Years Months Days If less than one day
67 10 6 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.

20. DATE OF DEATH. Month 1 day 27
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia (Hypostatic)
febrile

Due to Partial paralysis
Cerebral hemorrhage
Due to arterio sclerosis

Other conditions. (Include pregnancy within 5 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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. S. Williams (M. D. or other)
Address Mexico Mo Date signed _____

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

S-1619