

FILED FEB 14 1941 STANDARD CERTIFICATE OF DEATH

State File No. 2157

Registration District No. 130

Primary Registration District No. 4084

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Creighton
(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) 1 year

8. (a) PRINT FULL NAME William Price Stollings

8. (b) If veteran SS. 492-14-7216 8. (c) Social Security name war _____ No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Stollings 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 28 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 | 4 | 10 | hr. _____ min. _____

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

10. Usual occupation Barber

11. Industry or business _____

12. Name William C. Stollings

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

14. Maiden name Mary Price

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

16. (a) Informant Ethel Stollings

(b) Address Creighton Mo.

17. (a) Burial (b) Date thereof 1-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director Robert Arnold

(b) Address Creighton Mo.

19. (a) 1-9-41 (b) Thos. W. Cummings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Creighton
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1941 hour 2 AM minute _____ M.

21. I hereby certify that I attended the deceased from Dec 2 1940 to Jan 6 1941

that I last saw him alive on Jan 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Prostate malignant

Due to _____

Due to _____

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? 886
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Galbreath (M. D. or other) D

Address J. W. Galbreath Mo. Date signed 1-9-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
0
0

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 me

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

Signed Robert Arnold

Licensed Embalmer No. 3621

P. O. Address Creskita, Mo.

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2157

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 150

Primary Registration District No. 4084

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Creighton
(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 _____
In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Wm Price Stalling

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

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

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 69 Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Clinton, Mo. (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 _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 9 1941 (Date received local registrar) (b) W. L. Jennings (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.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8 year 1941 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 _____

Due to _____

Due to _____

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? _____

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

23. Signature G. W. Galbreath (M. D. or other)

Address Wich mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ROSENA MOORE
WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

11w vl

