

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10645

Do not use this space.

1. PLACE OF DEATH

(a) County HenryRegistration District No. 309 38(b) Township HunterPrimary Registration District No. 5484Registered No. 15(c) City Hunter(d) Street No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME ROSS, LEROY STANTON(a) Residence, No. 0

(Usual place of abode, if no street address, write county or city)

St. 0

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 32 - 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

11113

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Worth CO

FATHER

13. NAME

Henry Stanton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Worth CO

MOTHER

15. MAIDEN NAME

Elda Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

17. INFORMANT (ADDRESS)

Henry Stanton
Denver MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Marble Chapel

DATE

Mar 6

1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Bram Bros
Denver MO

20. FILE

Mar 6

1941

H. I. G. Martin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

MAR 5

1941

22. I HEREBY CERTIFY, That I attended deceased from

March 4 1941, to March 5 1941I last saw him alive on March 5 1941. Death is saidto have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Sarcoma of lymph glands of neck.

Date of onset

1938

Other contributory causes of importance:

metastases to liver and glands of abdomenoperated by Dr. in St. JosephName of operation glands removed Date of 1939What test confirmed diagnosis? Chin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed)

Frank H. Rose M. D.

(Address)

Albany, Mo.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10645

Registration District No. 309

Primary Registration District No. 5434

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Gentry
(b) City or town Howard
(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

Ross Leroy Stanton

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex M

5. Color or
race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

11

1

13

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) June 7, 1941 (b) W. Martin

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Gentry
(c) City or town Howard
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Mar day 5
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 _____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due _____

Due to _____

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 sta-
tistically.

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 Frank H. Rose (M. D. or other) _____

Address Albany Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

1941
5-10645

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.....

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If this body is not embalmed, fact should be so stated above.