No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14884

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2222 Empire 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years. ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

(c) City or town Joplin 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2222 Empire 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Howard - Kaufer years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1941 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from 8-14-40, 19__, to 4-25-41, 19__;
that I last saw her alive on 4-24-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Rt Cerebral Hemorrhage	8-14-40
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 statistically.

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

23. Signature Walter Howard (M. D. or other) 0
Address Joplin Mo Date signed 4/26/41

3. (a) PRINT FULL NAME Sadie Stanley Carter

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

4. Sex Fem 1 5. Color or race white 6. (a) Single, widowed, married, divorced widow 2

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

7. Birth date of deceased Oct (Month) 24 (Day) 1860 (Year)

8. AGE: Years 80 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Lyon Co. 1 Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas H. Stanley
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wilson
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Little
(b) Address Joplin - Mo

17. (a) Galena Ks (Burial, cremation, or removal) (b) Date thereof 4-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Galena Kans

18. (a) Signature of funeral director Boice und. Co
(b) Address Galena Kansas

19. (a) 4-26-41 (Date received local registrar) (b) E B Jones (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

41-5-472

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 wi the above constitutes grounds for revocation of license.)

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