

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20809

State File No. 2339

FILED JUL 7 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan City
(c) Name of hospital or institution: 547 Walnut 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME Dana E. Staley

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

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 14 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Simon Staley
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lillian Thompson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Staley
(b) Address Marysville Ohio

17. (a) Removed (b) Date thereof 6/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marysville Ohio

18. (a) Signature of funeral director A. Sebeto

(b) Address 901 E 5th St

19. (a) 6/19/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan City
(If outside city or town limits, write "RURAL")
(d) Street No. 547 Walnut 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 year 41
hour _____ minute 12:10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Due to Malnutrition
Other conditions n. n. o
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Russell W. Crowe (M. D. or other) _____
Address Kan City Date signed _____

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.....

Roy E. Snow

Licensed Embalmer No. *2560*

P. O. Address *2315 Linwood*

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, fact should be so stated above.