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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

~~Dr. Stahl, Med. Cert.~~

Primary Registration District No. 2001

State File No. 31615

Registrar's No. 777

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Private Nursing Home-214 W Mt. Vernon St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community 42 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 793 W. Elm-City
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sarah Martha Staton

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex F.M.

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Nov. (Month) 20 (Day) 1851 (Year)

8. AGE: Years 89 Months 10 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Thack M. Lucas
13. Birthplace Carolton Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary C. Whitehead
15. Birthplace Carolton ~~Mo~~ Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Gladden
(b) Address 793 West Elm. City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut-City

19. (a) 9-29-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1941 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from 9-25-41 19 to 9-27 1941, that I last saw her alive on 9-27-41 @ 10:30 P.M. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral Hemorrhage ā Hemiplegia	2 mos

Major findings:
Of operations None
Of autopsy None

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 Leo A. Stahl (M. D. ~~or other~~)
Address Springfield Mo Date signed 9-29-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 1946

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 Lawrence L Holy

Licensed Embalmer No. 2784

P. O. Address Springfield

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

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