No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34661

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 158

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Veterans Administration Facility D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos. 11 days (Specify whether
In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113

(c) City or town Denver 0
(If outside city or town limits, write "RURAL")

(d) Street No. -- 0
(If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME Orris L. Stanton

3. (b) If veteran, name war World War

3. (c) Social Security No. 488-14-4719

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased August 12, 1894 (Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Denver, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name John Stanton
13. Birthplace Worth County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Olera Johnson
15. Birthplace Worth County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Denver, Missouri

18. (a) Signature of funeral director KERMIT BRAM, Undertaker
(b) Address Denver, Missouri

19. (a) 10/28/41 (Date received local registrar) (b) Mrs Rea McCarker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th year 1941 hour 9:25 minute A. M.

21. I hereby certify that I attended the deceased from April 17, 1941 to October 28, 1941 that I last saw him alive on October 28, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Disease of Heart with myocardial fibrosis and myocardial insufficiency,	
Due to	
Due to	
Other conditions Nephritis, chronic, interstitial (Include pregnancy within 3 months of death)	

Major findings:
Of operations --
Of autopsy No autopsy

131a

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 0

23. Signature E. A. Welch (M. D. or other) E. A. WELCH, M.D.
Address Veterans Administration Excelsior Springs, Mo. Date signed 10-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-12-41

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, fact should be so stated above.