No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35117

Registration District No. 378 Primary Registration District No. 4222 Registrar's No.

1. PLACE OF DEATH:
(a) County Howard, 045
(b) City or town Fayette, Mo. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital Fayette Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Howard,
(c) City or town Fayette,
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Florence Jane Stapleton,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife John Stapleton,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 27th (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
71	9	7	hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home,
11. Industry or business
FATHER 12. Name James Condron,
13. Birthplace Illinois, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Todd,
15. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs John Nipper,
(b) Address Fayette, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Io-5th 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Zion,
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 10-6-41 (Date received local registrar) (b) Ernest P. Tindall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th 1941
year 12 hour 7:0 minute A. M.
21. I hereby certify that I attended the deceased from 9-20-1941, 19, to, 19;
that I last saw her alive on 10-4-1941, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pulmonary edema	3 days
Due to Acute Cardiac dilation	3 days
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations
Of autopsy home 93d

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 W. A. Bloom (M. D. or other) M.D.
Address Fayette, Mo. Date signed 10-6-41

34 (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, above space should be left blank.