S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35931

Registration District No. 761 Primary Registration District No. 4456 Registrar's No. 1791

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Clair
(c) City or town: Appleton City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Buckhanan Stanley
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Martha Stanley
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: Mar. (Month) 22 (Day) 1859 (Year)
8. AGE: Years 82 Months 2 Days 23 If less than one day hr. min.
9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation: Farm work.
11. Industry or business:
FATHER 12. Name: John Stanley
FATHER 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Martha Stanley
(b) Address: Appleton City Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 10-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Springs
18. (a) Signature of funeral director: Oscar E. Huff
(b) Address: Appleton City Mo.
19. (a) 10-18-41 (Date received local registrar) (b) Ellis Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1941 hour 9 minute a M.
21. I hereby certify that I attended the deceased from Oct 1 1940 to Oct 17 1941 that I last saw him alive on Oct 16 1941 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Chronic myocarditis
Due to: Cystitis
Due to: Carcinoma of bladder
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 52 P
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?
While at work? (Specify type of place) (e) Means of injury: 0
23. Signature: R. L. Hansen (M. D. or other) MD
Address: Appleton City Mo. Date signed: 10-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-41-1808
Date Filed 11-6-41

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City Mo.

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

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