

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18050

Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 335 41
(b) Township Colfax Primary Registration District No. 4199 0
or
(c) City Stythedale (d) Street No. _____ 0
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. (f) How long in U. S., if of foreign birth? 82 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. James Elizabeth Stanley
Andover, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Stanley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) 1/10/42 11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mar. London 1
England

13. NAME Thomas France

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

15. MAIDEN NAME Alice Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

17. INFORMANT (ADDRESS) Madison Anney

18. BURIAL, CREMATION, OR REMOVAL PLACE Andover DATE Apr 27 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hollin S. White
Lambert, Mo.

20. FILED 6/57 1942 S. Ph. Shaw
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1942

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1942 to April 27, 1942
I last saw her alive on April 27, 1942 Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic heart disease
Endarteritis obliterans

Date of onset

Other contributory causes of importance: Senility 930

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) James B. Ayer D. O.
(Address) Stythedale, Mo.

1128 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30-1-1-1 X18695

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..... *Rollin S. White*.....
Licensed Embalmer No. *3895*.....
P. O. Address..... *Lamoni, Iowa*.....

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.