

FILED MAY 27 1942

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 33

1. PLACE OF DEATH:

(a) County: Mississippi

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1
(Specify whether)

In this community: 17 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi

(c) City or town: Charleston, Mo.
(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: GEORGE D. STAPLES, SR.

3. (b) If veteran, name war: -

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1942 hour 8:45 minute 9 A.M.

21. I hereby certify that I attended the deceased from April 1
1942 to April 19 1942
that I last saw him alive on April 18 1942
and that death occurred on the date and hour stated above.

4. Sex: M D. 5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

(b) Name of husband or wife: Martha Jane Staples

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Dec. 15, 1871
(Month) (Day) (Year)

Immediate cause of death: Myocardial insufficiency

Due to: Acute Anuric ✓

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Duration

12 hrs.

6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>4</u>	<u>4</u>hr.min.

9. Birthplace: Madisonville, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter Contractor

11. Industry or business:

12. Name: Alex Staples

13. Birthplace:

14. Maiden name: Estelade Barnes

15. Birthplace:

16. (a) Informant: Martha Jane Staples

(b) Address: Charleston, Mo.

17. (a) Burial (b) Date thereof: 4-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Yiggs cemetery

18. (a) Signature of funeral director: David Shelby

(b) Address: East Prairie, Mo.

19. (a) May 1, 1942 (b) Mrs. Lou New
(Date received local registrar) (Registrar's signature)

Major findings:

Of operations:

Of autopsy:

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?

(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:

23. Signature: Paul S. Baur M.D. or other:

Address: Charleston Date signed: 4/24/42

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 542-634

Date Filed 5-18-42

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.....

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prarie 111

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18530

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George L Staples Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 15 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days _____ If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry of business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ days on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Acute Aneurysm
Due to _____
Due to non-sympathetic
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN 96
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) (c) Means of injury _____
23. Signature Heurt Bourgeois (M. D. or other) _____
Address Carroll Date signed _____

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

SUPPLEMENTARY

