

Filed AUG 19 1942

3048

State File No. _____

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 109

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

1. PLACE OF DEATH: Nodaway
 (a) County Nodaway
 (b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
 In this community 63 years

3. (a) PRINT FULL NAME Willis J. Staples
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife: Ada Lee Staples 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased Oct. 27, 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 20
If less than one day hr. min.

9. Birthplace Chicago Illinois/
(City, town, or county) (State or foreign country)

10. Usual occupation Express Agent

11. Industry or business Express Agent

12. Name Thomas J. Staples

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Webster
(City, town, or county) (State or foreign country)

15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Lee Staples
 (b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 7-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maryville, Missouri

18. (a) Signature of funeral director Price Funeral Home
 (b) Address Maryville Mo.
 19. (a) July 18, 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 206 1/2 No. Main,
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1942 hour 11 minute A. M.
 21. I hereby certify that I attended the deceased from July 17, 1942 to July 17, 1942
 that I last saw him alive on July 7, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate not known
Duration

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Prostate
 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.

23. Signature J. B. Blusner (M. D. or other)
 Address Maryville Mo. Date signed 7/18/42

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OCT 15 1952

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 *Clair M. Pucis*.....

Licensed Embalmer No. *1822*.....

P. O. Address *Maryville, Mo.*.....

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.