

FILED SEP 11 1942

Registration District No. 449

Primary Registration District No. 30-37-5653

Registrar's No. 9367

1. PLACE OF BIRTH:

(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 days
In this community 86 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. Bocher St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Flossie Mae Stapleton

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife single 6. (c) Age of husband or wife if

7. Birth date of deceased Jan 24 1926
(Month) (Day) (Year)

8. AGE: Years 16 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business School girl

12. Name George Washington Stapleton

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

14. Maiden name Ida Mae Hughes

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

16. (a) Informant Em & Michael Record Clerk

(b) Address Mo State San Mt Vernon MO

17. (a) Burial (b) Date thereof Aug 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo

18. (a) Signature of funeral director Smith Funeral Service

(b) Address Vandalia Mo

19. (a) Aug 10 1942 (b) Andy Coniford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th year 1942 hour 8:35 minute 2 M.

21. I hereby certify that I attended the deceased from May 16, 1942, to Aug 9, 1942, that I last saw her alive on Aug 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to 138

Due to 138

Other conditions Tuberculous enteritis
(Include pregnancy within 3 months of death) and rectal abscess

Major findings: Peritonitis
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? (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 MD

23. Signature AMM [illegible] (M. D. or other) _____
Address Mt Vernon Mo Date signed 8/9/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 94217373

Date Filed SEP 10 1942

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 John P. Garaski
By Elmer Smith
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, fact should be so stated above.