

FILED MAR 18 1943

Primary Registration District No. 6288

Registrar's No. 3

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

1. PLACE OF DEATH:
 (a) County Texas Co
 (b) City or town Summersville, Mo. O.Z.A.P.H.
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 * In this community: 7 months years, months or days)

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

3. (a) PRINT FULL NAME Mary Isabelle Stakley
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 5th
 year 1943 hour 12 minute _____ a.m.
 21. I hereby certify that I attended the deceased from was dead
upon arrival to _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife G.R. Stakley 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased June 19th 1872
 (Month) (Day) (Year)

Immediate cause of death Angina pectoris
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 948
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William T Armstrong

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

14. Maiden name Rachel Payne

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

16. (a) Informant G.R. Stakley

(b) Address Summersville, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 9 43
 (Month) (Day) (Year)

(c) Place: burial or cremation Newton, Kansas

18. (a) Signature of funeral director J.F. Duncan

(b) Address Mountain View; Mo

19. (a) Feb. 24-43 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Dr. Laverie Romph (M. D. or other) P.O.
 Address Summersville, Mo Date signed Feb 8

1240

RECEIVED

District Health Officer No. 5

District File Number 343151

Date Filed 3-8-42

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.....
.....
working under my personal supervision.

Registered Apprentice No. _____
Signed *John F. Duncan* ✓
Licensed Embalmer No. *2516*
P. O. Address *W. View W*

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.