

FILED APR 5 1943

274

5935

Registrar's No. 78

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Sedalia R.F.D. 5 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Rural
(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 Thomas Staley

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

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced, <u>widowed</u>
6. (b) Name of husband or wife <u>Ellen Staley</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>Feb. 5 1859</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>1</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Wales England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Edmund Staley

12. Name _____

13. Birthplace Wales England 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Roberts

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant John F Staley
(b) Address Sedalia R.F.D. 5

17. (a) burial
(Burial, cremation, or removal) (b) Date thereof March 8 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 3-8-43 Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6
year 1943 hour 3 o'clock minute 6 P. M.

21. I hereby certify that I attended the deceased from 3/1 1943 to 3/6 1943
that I last saw him alive on 3/4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia poison
Due to Enlarged prostate

Duration
1 wk
10 yrs

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
137a
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 Dr. J. Berger (M. D. or other) _____
Address Sedalia Mo. Date signed 3/8/43

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

MOTHER FATHER

1022

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-8-43

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 Robert H Reed
Licensed Embalmer No. 3745
P. O. Address Sedalia 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.