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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAY 1943 64
Registration District No.

Primary Registration District No. 410

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community whole life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton
(c) City or town Salisbury
(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 0

3. (a) PRINT FULL NAME Jusie Katherine Stanley

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Apr. day 16
year 1943 hour 1 minute 30 P.M.

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

21. I hereby certify that I attended the deceased from April 15, 1943, to April 16, 1943
that I last saw her alive on April 15, 1943
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Chas. Stanley
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov 3 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy
Duration 2 days

8. AGE: Years 78 Months 5 Days 13
If less than one day hr. min.

Due to Arteriosclerosis
Due to -

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

Other conditions (Include pregnancy within 3 months of death) 83a

10. Usual occupation Housewife

Major findings: Of operations -

11. Industry or business

12. Name Hamilton Adams

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

14. Maiden name Unknown

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

16. (a) Informant Chas Stanley

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 4-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director Groblewski

(b) Address Salisbury Mo

19. (a) 4-27-43 (b) R. H. ...
(Date received local registrar) (Registrar's signature)

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 0

23. Signature J. L. ... (M. D. or other) MD.

Address Salisbury Mo Date signed 4-21-43

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

