

**MAY 7 1943**  
Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 31

**1. PLACE OF DEATH**

(a) County Clay Chandler Rural  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: Liberty 2nd  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Clay  
 (c) City or town Chandler Rural  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_

**3. (a) PRINT FULL NAME** Tracy F. Stollings  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 15  
 year 1943 hour 5 minute 25 P.M.  
 21. I hereby certify that I attended the deceased from several years to Apr 13 1943  
 that I last saw him alive on Apr 13 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife John S Stollings  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 24 1856  
 (Month) (Day) (Year)

Immediate cause of death Senility  
 Due to Gen. Atherosclerosis

**8. AGE:** Years 86 Months 9 Days 22  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Clay Co Mo  
 10. Usual occupation Horse maker  
 11. Industry or business General Home work  
 12. Name Clifton Searey  
 13. Birthplace Clay Mo  
 14. Maiden name Elizabeth Searey  
 15. Birthplace Clay Mo

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Jesse J. Stollings  
 (b) Address Chandler Mo  
 17. (a) Burial (b) Date thereof 4-17-43  
 (c) Place: burial or cremation Int. Olivet  
 18. (a) Signature of funeral director Leonard Jay  
 (b) Address Kearney Mo  
 19. (a) April 24 1943 (b) Helen Early  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
 (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 Wm. J. Goodson (M. D. or other)  
 Address Liberty Mo Date signed 4/17/43

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

MOTHER FATHER

Duration \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

~~4-24-42~~

5-5-43

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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.....

*Leonard Gay*

Licensed Embalmer No.....

1677

P. O. Address.....

*Kearney Ms*

**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.**