No. 2
-5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31107

FILED SEP 16 1943

Registration District No. ..... Primary Registration District No. 5043 Registrar's No. 45

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Seligman, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Swan Creek Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Barry
(c) City or town: Seligman Mo.
(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 .....

3. (a) PRINT FULL NAME: Earl Pearce Stapleton

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Allice Stapleton

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: July (Month) 23 (Day) 1874 (Year)

8. AGE: Years 68 Months 8 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Common Labor

11. Industry or business: .....

MOTHER · FATHER

12. Name: Isaac Stapleton

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

14. Maiden name: unknown

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

16. (a) Informant: Mrs. E. G. Stapleton
(b) Address: Seligman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Seligman Cem.

18. (a) Signature of funeral director: W. D. Koon
(b) Address: Cassville, Mo.

19. (a) Aug 12-1943 (Date received by local registrar) (b) Grace Williams (Registrar's signature)

10017

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11. year 1943 hour 1:30 minute P.M.

21. I hereby certify that I attended the deceased from Aug 6. 1943, to Aug 11, 1943, that I last saw him alive on Aug 11, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Disease of Coronary	Aug 6. to
Due to arteries and Angina Pectoris	Aug 11.
Due to Arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: G/A
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 .....

23. Signature: Wm. Chas. R. Brown (M. D. or other) D.O.
Address: Seligman Mo. Date signed 8/12/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 943-1044
Date Filed 9-13-43

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 Wm. C. Koon, Registered Apprentice No. 338 working under my personal supervision.

Signed W. D. Koon

Licensed Embalmer No. 2456

P. O. Address Cassville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.