

V. S. No. 100M-5-43 Rev. 5-17-39 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2180**
Registrar's No. **21**

FILED JAN 25 1944
Registration District No. _____

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
Buchanan
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
115 Michel St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **43 years**
In this community **43 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Martha L. Stapleton**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**

4. Sex **Female** **5. Color or race** **Colored** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Harry** **6. (c) Age of husband or wife if alive** **74** years
7. Birth date of deceased **June 12, 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **17** If less than one day hr. min.

9. Birthplace **Atchison, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Abe Carter**

13. Birthplace **Plattsburg, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nellie ?**

15. Birthplace **Atchison, Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Stapleton, (Husband)**
(b) Address **115 Michel St., City**

17. (a) (Burial, cremation, or removal) **Burial** **(b) Date thereof** **12/31/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **LINCOLN MORTUARY**
(b) Address **812 Pacific St., City**
19. (a) 12-31-43 **(b) Abe Helgog**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **St. Joseph** (b) County **Missouri**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **115 Michel St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month **December** day **29**
year **1943** hour **12** minute **50 P** M.

21. I hereby certify that I attended the deceased from **1941** to **Dec. 18, 1943**
that I last saw her alive on **Dec. 18, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of breast**
a few yrs.
Due to _____
Due to _____

Other conditions **Chronic mitral insufficiency**
(Include pregnancy within 3 months of death)
a few yrs.

Major findings:
Of operations _____
Of autopsy **50**

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) (c) Means of injury _____
23. Signature **Foster L. Lumbard** (M. D.)
109 1/2 W. 4th Ave Date signed **12/31/43**

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

1233

(Licensed Embalmer's Statement on Reverse Side) **St Joseph Mo**

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.