

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1944

Registration District No.

Primary Registration District No.

4198

State File No.

7137

Registrar's No.

24

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town King City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 yrs. years, months or days

3. (a) PRINT FULL NAME

Reuben M. Stanley

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  
(b) Name of husband or wife Althea Stanley 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Dec. 21, 1878 (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired lumberman

11. Industry or business

12. Name William M. Stanley  
13. Birthplace Unknown, Ind. (City, town or county) (State or foreign country)  
14. Maiden name Melena Elliott  
15. Birthplace Unknown, Ohio (City, town or county) (State or foreign country)

16. (a) Informant Althea Stanley  
(b) Address King City, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway, Mo.

18. (a) Signature of funeral director Leola M. Wilson

(b) Address King City, Mo.

19. (a) 2-20-1944 (Date received local registrar) (b) Frank M. Mabe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry  
(c) City or town King City, 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17th year 1944 hour 8 minute am

21. I hereby certify that I attended the deceased from Jan 4, 1944 to Feb 17, 1944  
that I last saw him alive on Feb 17th and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of greater omentum, large & small intestine, bladder and prostate  
Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Carcinoma of omentum, large & small intestine, bladder & prostate

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) (a) Means of injury

23. Signature Dr. Jack G. Barnes (M. D. or other) do  
Address King City, Mo. Date signed 2/19/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 23 1951

MAY 5 1951

DEC 12 1951

### 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.....

*Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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.**