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FILED MAR 20 1944

Registration District No. 1

Primary Registration District No. 4024

State File No. _____

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Apartment Room 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME George M. Standlee
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Wh.
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mollie Standlee
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased 4 29 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co. Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Standlee
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Standlee
(b) Address Berryville, Ark. Rt. 1

17. (a) Burial (b) Date thereof 11-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Viola, Cemetery

18. (a) Signature of funeral director Nelson Funeral Home

(b) Address Berryville, Ark.

19. (a) Feb 29 1944 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104
(c) City or town Berryville, Ark. Rt. 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near State line 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 20
1943, to Nov 26 1943
that I last saw him alive on Nov 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute edema of lungs Duration _____
Due to Hypertrophy of Prostate gland with Urd Retention + Toxicity
Dued to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 137a
Of operations _____
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 2

23. Signature W.R.M. Chase (M. D. or other) P.O.
Address Cassville, Mo Date signed 2/25/44

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

RECEIVED

District Health Officer No. 6,

District File Number 344-396

Date Filed MAR 17 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.