

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 13 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19410

Registration District No. 374

Primary Registration District No. 6272

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth Co  
(b) City or town Denver mo - Allen typ  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community 60 yrs years, months or days

3. (a) PRINT FULL NAME OLEA STANTON

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Stanton 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Oct 18 1879 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Worth Co mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Robert Johnson

13. Birthplace Buchanan Co mo (City, town, or county) (State or foreign country)

14. Maiden name Arminde Barnes

15. Birthplace Worth Co mo (City, town, or county) (State or foreign country)

(a) Informant Opha m Stanton

(b) Address Denver mo

17. (a) Burial (b) Date thereof Oct 22 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prarie Chapel Cemetery

18. (a) Signature of funeral director Bram 1108

(b) Address Denver mo

19. (a) Mays 1944 (b) Arline Scadden (Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Worth  
(c) City or town Denver 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 Apr day 21 year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to April 8 1944, that I last saw her alive on April 8 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic occlusion Duration 1 day

Due to Influenza 1 week

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature Charles N. Williams M. D. or other DO  
Address Denver mo Date signed 5-12-44

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

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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.....

*J. P. Braun*

Licensed Embalmer No. *2947*

P. O. Address. *Denver 116*

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.