

Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 423

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
(Specify whether
in this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1620 South Brown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Robert Stanton

3. (b) If veteran, name war none
3. (c) Social Security No. 702-16-1823

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sadie Taylor Stanton
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 22, 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 28
If less than one day hr. min.

9. Birthplace Fon-de-Lac, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Mill Helper

11. Industry or business Missouri-Pacific Shops

MOTHER FATHER { 12. Name John Stanton

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

14. Maiden name Hannah Lynch

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

16. (a) Informant Mrs. Sadie Stanton (wife)

(b) Address 1620 S. Brown, Sedalia, Mo.

17. (a) Burial (b) Date thereof 9 23 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Doraine Ewing
(b) Address Sedalia, Mo.

19. (a) 9/22/44 (b) Mrs. Anne Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1944 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 16 1944 to Sept 20 1944
that I last saw in alive on Sept 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Nyctemuritis Choroa
Duration

Due to _____
Due to _____

Other conditions acute gastric enteritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1700
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 Prof. Beckmann (M. D. or other) MD
Address Sedalia Date signed 9/24/44

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

30
6
4

1012

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

10-6-44

OCT 27 1944
Mr. Beckmeyer
West 5 = 86

JAN 26 1945

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 Duane Ewing

Licensed Embalmer No. 38467

P. O. Address Sedalia

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.