

FILED OCT 25 1944
Registration District No. 178

Primary Registration District No. 4281

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

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton Canton
(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 1
(Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Eileen Catherine Staggs

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude Staggs 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 5 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Canton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Chas. L. Zengst

13. Birthplace Canton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Davis

15. Birthplace Canton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Staggs

(b) Address Canton

17. (a) Burial (b) Date thereof 12/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Paul H. Buckley

(b) Address Canton, Mo.

19. (a) 8/26/44 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1943 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 9
9 1943 to Dec 23 1943
that I last saw him alive on Dec 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
uterus
Due to Carcinoma of uter.
adaptation. Duration 1.7
3 mo

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
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?
(Specify type of place)

While at work? (Specify type of place) (Means of injury)
23. Signature S. J. Kellard (M. D. or other) 2
Address Canton Mo Date signed 1-4-44

NOV 16 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

Earl H. Buckley

Licensed Embalmer No.

2615

P. O. Address

Canton, 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.