

S. No. 2
M-8-43
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37234
FILED DEC 13 1944
State File No.

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 117

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany 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 lifetime years, months or days

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

0 Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
4. Sex Male 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1891 years
7. Birth date of deceased October 4 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name W. P. Stapleton

13. Birthplace Albany Missouri (City, town, or county) (State or foreign country)

14. Maiden name Anna Bell

15. Birthplace Albany Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Jack Stapleton

(b) Address Albany Mo

17. (a) Burial (b) Date thereof 11/2/44 (Month) (Day) (Year)

(c) Place: burial or cremation Chandlers

18. (a) Signature of funeral director Chandlers

(b) Address Albany Missouri

19. Nov 14-1944 (Date received local registrar) James H. Miller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town Albany (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 Nov day 10 year 1944 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 17th 1944 to Nov 10th 1944
that I last saw him alive on Nov 10th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration unknown

Due to Chronic Epilepsy since childhood

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature W. Campbell (M. D. or other)

Address Albany Mo Date signed Nov 13 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 me
....., 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.