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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3233

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 34

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 40 yrs 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Clair 93
(c) City or town Appleton City Mo,
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Elizabeth Stanley
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fem 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife James Stanley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 28 (Day) 1869 (Year)

8. AGE: Years 75 Months 2 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn 1 (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business
FATHER
12. Name Alexander Cunningham
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)
MOTHER
14. Maiden name Sarah — unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Harry C Holladay
(b) Address Appleton City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Springs
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) January 5-45 (Date received local registrar) (b) Jona M. Weller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1945 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 1, 1935, to Jan 1, 1945; that I last saw her alive on Jan 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Hypertension
Due to Acute Cholecystitis
Due to Chronic Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 131 b

Duration

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? (e) Means of injury
23. Signature [illegible] (M. D. or other) MD
Address Appleton City Mo Date signed 1-5-45

1358

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Number 1-45-103
Date Filed 2-9-45

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 N.E. on the 1st day of Jan 1945, Registered Apprentice No. , working under my personal supervision

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.