

FILED MAR 19 1945  
 1949

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Joseph Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ten days  
 (Specify whether years, months or days) 10 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Nevada (b) County 999  
 (c) City or town Las Vegas (If outside city or town limits, write "RURAL") 91  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stapleton, Oscar L.  
 (b) If veteran, name war no  
 (c) Social Security No. 491-01-8639

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 2  
39 year 45 hour 10:45 minute 9 A.M.  
 21. I hereby certify that I attended the deceased from 2/25/45  
3/2/45 to 3/2/45, 1945  
 that I last saw him alive on 3/2/45  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
 (b) Name of husband or wife Margaret (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased 5 4 81  
 (Month) (Day) (Year)

Immediate cause of death Cancer of Lung Duration 6 mos.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings of operations Generated Lung Ca  
 Of autopsy none

8. AGE: Years Months Days If less than one day  
63 yrs. 10 mos. 28 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lexington Mo. (1)  
 (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Las Vegas, Nevada

12. Name Joseph Stapleton

13. Birthplace Flatgap Ky. 1  
 (City, town, or county) (State or foreign country)

14. Maiden name Amanda Dechart

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

16. (a) Informant Mrs Oscar L Stapleton

(b) Address Las Vegas, Nev.

17. (a) Removal (b) Date thereof Mar 2, 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (c) Signature of funeral director Temper Funeral Home

(b) Address Lexington Mo  
 19. (a) Mar 2, 1945 (b) E Brown  
 (Date received from registrar) (Registrar's signature)

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) no  
 (b) Date of occurrence no  
 (c) Where did injury occur? no  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no  
 (Specify type of place) (e) Means of injury \_\_\_\_\_  
 Signature W. P. Brown (M, D, or other)  
 Address 202 N. 13th Date signed 3/2/45

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

NOV 2 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.....

*Geo. McKear*

Licensed Embalmer No. ....

*2983*

P. O. Address.....

*Leungton, 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.**