

FILED OCT 19 1945

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 48

4  
3  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Lafayette

(b) City or town Luxington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 16th Franklin  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Lafayette

(c) City or town Luxington  
(If outside city or town limits, write "RURAL")

(d) Street No. 16th Franklin  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARION F. STAPLETON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20  
year 1945 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 20 to Sept 20, 1945; that I last saw him ~~her~~ alive on Sept 20, 1945; and that death occurred on the date and hour stated above.

4. Sex MA 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 21 1855  
(Month) (Day) (Year)

Immediate cause of death Senile

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

90 5 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Scott Co. Va 1  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation farmer

11. Industry or business retired

12. Name James Stapleton

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

14. Maiden name Mary Jean

15. Birthplace Va 1  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs Walter Ellis

(b) Address Luxington, MO

17. (a) Burial (b) Date thereof 9-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, MO

18. (a) Signature of funeral director James H. Temple

(b) Address Luxington, MO

19. (a) 12 Oct. 1945 (b) Marion F. Stapleton  
(Date received local registrar) (Registrar's signature)

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 W. H. Anderson (M. D. or other) \_\_\_\_\_  
Address Luxington, MO Date signed 9/21/45

1614

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Filed 10-18-72

*Filed*

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. McLean*

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.