

FILED FEB 14 1946

State File No. \_\_\_\_\_

Registration District No. 276

Primary Registration District No. 4410

Registrar's No. 5

1. PLACE OF DEATH

(a) County Phelps  
(b) City or town St. James  
(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 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town St. James  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (If Yes, name country)

3. (a) PRINT FULL NAME Stanley William Laney

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, divorced \_\_\_\_\_

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

7. Birth date of deceased January 25, 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 13 1/2 hr. 5 min.

9. Birthplace St. James, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Louis T. Laney  
13. Birthplace Violine, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Jessie Walls Laney  
15. Birthplace Rolla, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis T. Laney  
(b) Address St. James

17. (a) Burial (b) Date thereof 1 26 1946  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation City, St. James  
18. (a) Signature of funeral director Edith Leckle

(b) Address \_\_\_\_\_  
19. (a) Jan-29-46 (b) Lora E. Birmingham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25<sup>th</sup>  
year 1946 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from January 25<sup>th</sup> 1946, to January 25<sup>th</sup> 1946 that I last saw her alive on January 25<sup>th</sup> 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital debility Duration 13 hrs.

Due to Congenital weakness mother, having influenza

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1610

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? \_\_\_\_\_

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

23. Signature C. H. Grumler (M. D. \_\_\_\_\_)  
Address St. James, Mo. Date signed 1 29 46

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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

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.**