

FILED JUN 5 1946

Registration District No. 75

Primary Registration District No. 5069

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Rural- Lamar Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 mi. W Lamar at jct. of 71-160 Highways
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1330 Bell Fontaine 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) /
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1946 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Punctured Wound of abdomen
Pass. of bowels found loose
Due to back legs crushed
Cut & incised long around
Due to anterior side of neck
Insect caught fire, clothes
burned off of body
Before body could be removed
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 operations _____
 Of autopsy 17028

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HOMER WILLIAM STALEY

3. (b) If veteran, name war WW II 3. (c) Social Security No. 496-03-2522

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Cox 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased June 11 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business Jack Cooper Transport Co. KC

12. Name John Staley

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

14. Maiden name Hattie Pollard

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

16. (a) Informant John Staley

(b) Address 1330 Bell Fontaine, KC Mo.

17. (a) Burial (b) Date thereof May 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dayton, Mo. Cemetery

18. (a) Signature of funeral director Atkinson Funeral Home

(b) Address Harrisonville, Missouri

19. (a) MAY 17 1946 Marie Kosantky
(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) accident 6
 (b) Date of occurrence May 17 1946
 (c) Where did injury occur? Lamar Barton Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place, Highway Junction
(Specify type of place)
 While at work? _____ (e) Means of injury held on 21 x
Collision
 23. Signature P. C. O. Duckett (M. D. or other) M.D.
 Address Lamar Mo Date signed 5/19/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 646-610

Date Filed JUN 3 1946

JUN 6 1946

JUN 10 1946

JUN 20 1946

JUN 19 1946

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. 2247

P. O. Address Lamar, Missouri

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.