

FILED JUN 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 16

Primary Registration District No. 4030

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Golden 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 59 yrs
years, months or days

3. (a) PRINT FULL NAME James Robert Stansberry

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

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

6. (b) Name of husband or wife Lura Hastings Stansberry 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 27, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name Joseph Shields Stansberry
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Drucilla McNeill
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. R. Stansberry

(b) Address Golden City, Mo.

17. (a) Burial (b) Date thereof MAY 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Ceme.

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

(b) Address 1201 Bdwy Lamar, Mo.

19. (a) May 22 1946 (b) Hazel St. Pugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No. Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan,
1931, to May 19 1946
that I last saw him alive on May 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asthma Chronic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 Chas R. Boone (M. D. or other)

Address Golden City, Mo. Date signed 5-20-46

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

RECEIVED

District No. with Officer No. 6,
District File Number 646-675

Date Filed JUN 12 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 *Wm. G. Libson*

Licensed Embalmer No. 4137

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.