S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36439

State File No.

Registration District No. 73

Primary Registration District No. 4138

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Lathrop 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Virginia Hour Staples

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 1 (Day) 1848 (Year)

8. AGE:

Years	Months	Days	If less than one day
98	10	13	hr. min.

9. Birthplace Poplar Plains (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. H. C. Bonham 1
(b) Address Lathrop Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lathrop Mo

18. (a) Signature of funeral director DeMoss Crunk
(b) Address Cameron Mo

19. (a) 11-17-46 (Date received local registrar) (b) Mrs Willie Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1946 hour 6 minute 30a. M.

21. I hereby certify that I attended the deceased from Feb 19, 1941, to Nov. 13, 1946
that I last saw her alive on Nov 13, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	
Due to	
Due to Old age	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1	
Of autopsy 1	

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Henry W. Perry (M. D. or other) DO
Address Lathrop Mo Date signed 11/16/46

66

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Leo Moss Crunk

Licensed Embalmer No. 2533

P. O. Address. Cameron. 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.