

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16270**

FILED APR 18 1947

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **65**

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

1. PLACE OF DEATH: Vernon
 (a) County Vernon
 (b) City or town Rural Washita Sup.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hospital No 3 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yr. 10 mo. 24 d.
(Specify whether years, months or days)
 In this community same time

3. (a) PRINT FULL NAME Albert E. Stanley
3. (b) If veteran, name war — **3. (c) Social Security No.** —

4. Sex male **5. Color of race** White **6. (a) Single, widowed, married, divorced** single
6. (b) Name of husband or wife — **6. (c) Age of husband or wife if alive** — years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 67 (2) Months — Days — If less than one day — hr. — min.

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

10. Usual occupation Farm labor

11. Industry or business
12. Name 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name 7
15. Birthplace 7
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Nevada mo.

17. (a) Burial **(b) Date thereof** 4-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mtn Grove mo.

18. (a) Signature of funeral director Russell Barber
(b) Address Mtn Grove Missouri

19. (a) 4-5-47 **(b)** Stalham Yareney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wright
 (c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")
 (d) Street No. —
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 5th
 year 1947 hour 6:10 minute A. M.
21. I hereby certify that I attended the deceased from 5-12-44
 19 — to 4-5-47 19 —;
 that I last saw him alive on 4-4-1947 19 —;
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
 Duration —
 Due to —
 Due to —

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)
Mental Deficiency
 Major findings: —
 Of operations: —

Of autopsy —
 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)
 (b) Means of injury —

23. Signature R.B. Lester (M. D. or other) —
 Address Nevada mo Date signed 4-5-47

RECEIVED
District Health Officer No. 7,
3-47-462
District File Number
4-17-47
Date 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 Russell Barber

Licensed Embalmer No. 3848

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, above space should be left blank.