S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42015

Registration District No. 1926 | Primary Registration District No. 3026 | Registrar's No. 396

1. PLACE OF DEATH

(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 526 S. Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: → (Specify whether
In this community: 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits write "RURAL")
(d) Street No.: 526 S. Liberty
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ella Stapler
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 28 (Day) 1858 (Year)

8. AGE: Years 89 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace: Cooper Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House Keeping
11. Industry or business:
12. Name (Father): Unknown
13. Birthplace (Father): (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs. L. J. Weaver
(b) Address: Independence Mo. Rt #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Washington Cemetery
18. (a) Signature of funeral director: Ott + Mitchell
(b) Address: 310 N. Main St. Independence
19. (a) 12-30-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1947 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from October 23, 1947, to December 27, 1947, that I last saw him alive on December 27, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart disease	years
Hypostatic Pneumonia	2 wks
Due to: senescence	years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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:

23. Signature: W. H. Hutchison (M. D. or other) MD
Address: 401 1st Nat'l Bank Bldg Date signed 12-27-47
Independence, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 R. Alan Griffith, Registered Apprentice No. 451, working under my personal supervision.

Signed L. M. Neir

Licensed Embalmer No. 3156

P. O. Address Indep. 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.