S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1917

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Landfather Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 29 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Burlington Jct 0
(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: Fredrick Scott Staples
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Helen Gertrude Staples
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 11, 1919 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
28	6	5	hr. min.

9. Birthplace: Burlington Jct (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business: Filling Station

FATHER
12. Name: Henry S Staples
13. Birthplace: Burlington Jct Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Gertrude Rhodes
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Gertrudey Staples
(b) Address: Burlington Jct Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ohio Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Burlington Jct Mo
19. (a) 1-31-48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 16 year: 1948 hour: 7 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 16, 1948, to Jan. 16, 1948; that I last saw him alive on Jan. 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	11 hrs.
Due to: Hypertension	Influenza
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 83?
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? (Specify type of place)
While at work?
(e) Means of injury: 2.

23. Signature: E. E. Wallace D.D. (M. D. or other)
Address: Burlington Jct. Mo. Date signed: 1-24-48

(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.....

Licensed Embalmer No. 2965

P. O. Address Bend - Jet 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.