No. 2
2-45
17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. 16119

Registrar's No. 107

1. PLACE OF DEATH

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town ~~Cl~~ mich Mo 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 Cora Lee Staley

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 O

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 27 (Day) 1873 (Year)

8. AGE: Years 75 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation Home maker

11. Industry or business

FATHER
12. Name John A. Staley
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Anna Hagy
15. Birthplace (City, town, or county) Va. (State or foreign country)

16. (a) Informant Mrs Anna Staley
(b) Address Creighton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Dayton Mo

18. (a) Signature of funeral director Hobert Arnold
(b) Address Creighton Mo.

19. (a) 5-20-48 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14
year 1948 hour 1 minute A M.

21. I hereby certify that I attended the deceased from 5-2, 1948 to 5-14, 1948
that I last saw her alive on 5-13, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: pernicious anemia	6 Mo
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?
(Specify type of place)
While at work? (e) Means of injury O

23. Signature G S Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 5-14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-48-55
Date Filed 5-24-48

SEP 27 1948

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 Hobart Arnold

Licensed Embalmer No. 3621

P. O. Address Creighton 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.