

FILED MAY 15 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14295

Do not use this space. 94

1. PLACE OF DEATH

(a) County CLAY Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5280 Registered No. 468
 (c) City Liberty (d) Street No. 5 Oddfellows Home O. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

DR. LEONARD E. STANHOPE + U
 (a) Residence, No. 100 F Home St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M U 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rubena Stanhope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician retired
 9. Industry or business in which work was done, as saw mill, bank, etc. 0
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mason Co
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME G. W. Stanhope

14. BIRTHPLACE (CITY OR TOWN) W
 (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Luey Derin

16. BIRTHPLACE (CITY OR TOWN) W
 (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Paul Rogers, Dept
100 F Home Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 100 F cemetery DATE 4/29/41

19. FUNERAL DIRECTOR Ferrace Hill Funeral Home
 (ADDRESS) Liberty Missouri

20. FILED April 28, 1941 Nelle Early
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to April 27, 1941.

I last saw him alive on April 26, 1941. Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

Senility
 Date of onset 16218

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify St. Neaphen, M. D.
 (Signed) St. Neaphen
 (Address) Liberty Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-12-41.....

PAID 5 - 1941

STATEMENT BY LICENSED EMBALMER

I, Victor E. Irwin....., Licensed Embalmer No. 2896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Victor E. Irwin.....
Licensed Embalmer No. 2896.....

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.)