

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

39071  
 Do not use this space.

**1. PLACE OF DEATH**  
 (a) County Buchanan Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001 Registered No. 1205  
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Maude Young Stingley  
 (a) Residence, No. 2925 Mitchell Avenue 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** female  
**4. COLOR OR RACE** white  
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** John L. Stingley  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 9, 1887  
**7. AGE**  
 YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
52 7 13  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** housewife  
**9. Industry or business in which work was done, as saw mill, bank, etc.** own home  
**10. Date deceased last worked at this occupation (month and year)** ..... **11. Total time (years) spent in this occupation**.....  
**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Parsons, Kansas  
**13. NAME** James S. Young  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Pennsylvania  
**15. MAIDEN NAME** Elizabeth Zimmer  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Pennsylvania  
**17. INFORMANT** John L. Stingley  
 (ADDRESS) 2925 Mitchell Avenue, St. Joseph  
**18. BURIAL, CREMATION, OR REMOVAL** St. Joseph, Missouri  
 PLACE Memorial Park Cem. DATE November 24, 1939  
**19. FUNERAL DIRECTOR (NAME)** Walter Meierhoffer  
 (ADDRESS) 1302 Faron Street, St. Joseph  
**20. FILED** 11-25-39 W. H. Heston  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** November 22, 1939  
**22. I HEREBY CERTIFY**, That I attended deceased from Nov 15, 1939 to Nov 22, 1939  
 I last saw her alive on Nov 22, 1939. Death is said to have occurred on the date stated above, at 12:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary occlusion  
1248  
 Other contributory causes of importance:  
Embolic liver aneurysm secondary arterio sclerosis  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical exam Was there an autopsy? no  
**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?** no  
 If so, specify.....  
 (Signed) W. H. Heston, M. D.  
 (Address) 301 North 8th, St. Joseph

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**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

*H. A. Kelly*

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

**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.**