DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2016

Registration District No. 165 | Primary Registration District No. 5230 | Registrar's No. 2

FILED FEB. 7

1. PLACE OF DEATH:

(a) County Cedar.

(b) City or town RURAL - Jefferson Tw

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

(c) Name of hospital or institution: STOCKTON

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community Most All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Stockton. Rural.

(If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Nancy Jane Stansbery

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 Widowed

6. (b) Name of husband or wife Danial Stansbery

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

7. Birth date of deceased Feb. 9 - 1855 (Month) (Day) (Year)

8. AGE: Years 84 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Livingston Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business ✓

FATHER
12. Name David Caddell
13. Birthplace West Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Gann
15. Birthplace East Tenn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Lucy Dawes

(b) Address ____

17. (a) Hilder. (Burial, cremation, or removal) (b) Date thereof 1-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation ____

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton - Mo. 02

19. (a) Jan 10. (Date received local registrar) (b) Mrs Minnie Carleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1940 hour 7 minute 15A M.

21. I hereby certify that I attended the deceased from Dec 1, 1939, to Jan 7, 1940 that I last saw her alive on Jan 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Hypertension	
Due to	10 yrs.
Other conditions Arthritis Deformans (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 ____

23. Signature James P. Flaherty (M. D.)

Address Stockton Mo Date signed 1-8-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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.....

Not Embalmed

P. O. Address.....

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.