No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17717

JUN 17 1940

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2244

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lakeside Hospital 29& Flora
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Mo. (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits write "RURAL")

(d) Street No. 323I College
(If rural, give location)

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

3. (a) PRINT FULL NAME David Allen Staley 340

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May 29 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hr. 40 min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant. 0

11. Industry or business

FATHER
12. Name Lloyd M. Staley 1
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary B. Gray
15. Birthplace (City, town, or county) Neb. (State or foreign country)

16. (a) Informant Lloyd M. Staley
(b) Address 323I College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address City

19. (a) May 31, 1940 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1940 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw b____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure 1610	
Due to Atelectasis	
Due to Unknown Cause	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Lungs were not distended

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 3

23. Signature Mellie B Ford (M. D. or other) D.O.
Address 2914 Victor Date signed 5-30-40

(Licensed Embalmer's Statement on Reverse Side)

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.