

JUN 14 1940

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Entire Life
years, months or days)

3. (a) PRINT FULL NAME John Thomas Staples 2:U

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Anna B. Staples 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 12, 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Audrain County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Dava Staples

18. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mildred Watts
15. Birthplace Audrain County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sylvia L. McConan

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 5/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwood

18. (a) Signature of funeral director Cervo Arnold
(b) Address Mexico, Missouri

19. (a) May 19 1940 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 916 W. Breckenridge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 18
year 1940 hour 10 minute 20 P.M.

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

Immediate cause of death Coroners Case Duration _____
Inquest pending
Due to _____

Due to Accident
Struck by Allen R.R. train
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) Accident
(b) Date of occurrence May 18 - 1940
(c) Where did injury occur? Allen right way
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mexico Mo.

23. Signature Pharmacia While at work? _____ (Specify type of place)
(M. D. or other) (e) Means of injury Struck by

23. Signature Pharmacia Address Mexico Mo Date signed 5/20-40

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

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.

206m
2.2

RECEIVED

District Health Officer No. 10

District File Number 6-40-1180

Date Filed JUN 11 1940

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 *Oliver Arnold Jr*

Licensed Embalmer No. 3569

P. O. Address *Mexico 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17783**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **26**

Primary Registration District No. **3002**

Registrar's No. _____

WENA MOORE

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

1. PLACE OF DEATH:

(a) County **Audrain**

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

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

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

3. (a) PRINT FULL NAME **John Thomas Staples**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **66** Months **10** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name _____ (City, town, or county) (State or foreign country)

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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

20. DATE OF DEATH: Month **May** day **18** year **1940** hour _____ minute _____ M.

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

Immediate cause of death **Coroner's Case**

Duration _____

Due to **request pending**

Due to **Auto - Train accident struck by alton R.R. train**

(Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations **206 m**

Of autopsy **23**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **B. M. Marlow** (Physician or other) **Chrone**

Address **Mejics Mo** Date signed _____

SUPPLEMENTAL

S-17783