

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

40  
4.  
2

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

1. PLACE OF DEATH:  
 (a) County GRUNDY  
 (b) City or town TRENTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
15th & NORTON AVE 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 45 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME RICHARD I. STANLEY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Elizabeth Stanley 6. (c) Age of husband or wife if alive 82 years  
 7. Birth date of deceased Jan'y 20<sup>th</sup> 1858  
 (Month) (Day) (Year)

8. AGE<sup>Y</sup> Years 84 Months 4 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Roadmaster

11. Industry or business Railroad

12. Name BARUM STANLEY  
 13. Birthplace UNKNOWN INDIAN  
 (City, town, or county) (State or foreign country)

14. Maiden name ANN MORRIS  
 15. Birthplace Charlotte North Carolina  
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph F. Stanley  
 (b) Address Trenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan'y 24 1940  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Catholic Cemetery Trenton Mo.

18. (a) Signature of funeral director Ronald L. Davis  
 (b) Address Trenton Mo.

19. (a) 5-31-40 (Date received local registrar) (b) Irene D. Fair (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Grundy  
 (c) City or town Trenton  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29<sup>th</sup>  
 year 1940 hour 11:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 29, 1940, to May 29, 1940,  
 that I last saw him alive on May 29 - 1940, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia  
of 2 or 3 days duration

Due to Cancer of bladder & prostate

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Malignancy of bladder & prostate  
 Of operations \_\_\_\_\_  
 Of autopsy none

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underlines 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?  
300 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. H. Muller M.D. (M. D. or other) 1  
 Address Trenton Mo Date signed 5-31-40

46 MAR 7-194E

RECEIVED

District Health Officer No. 11,

District File Number 40-209

Date Filed JUN 12 1940

JAN 26 1944

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 \_\_\_\_\_

*Robert B. Davis*

Registered Apprentice No. 212

working under my personal supervision.

Signed

*Raymond A. Davis*

Licensed Embalmer No. 3424

P. O. Address Trenton, N.J.

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. 18504

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MOTHER FATHER  
ROWENA MOORE

1. PLACE OF DEATH:  
(a) County Stunty  
(b) City or town Stanton  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Richard J Stanley  
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 Months Days If less than one day min.  
84 4 9 \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof. (Month) (Day) (Year)  
(Burial, cremation, or removal) \_\_\_\_\_  
(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 29 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I was h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death terminal pneumonia of lung of three day duration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
51

Major findings malignancy of bladder & prostate  
Of operation \_\_\_\_\_  
Of autopsy malignancy began in prostate  
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 C. H. Cullers (M. D. or other) \_\_\_\_\_  
Address Stanton Date signed \_\_\_\_\_

SUPPLEMENTARY

