

FILED JUN 22 1940

Registration District No.

Primary Registration District No. 5913

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike Missouri
 (b) City or town Curryville
 (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 _____ 25 4

3. (a) PRINT FULL NAME Harry L 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 Married
 6. (b) Name of husband or wife Elizabeth Stanley
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 19 1866
 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 8
 If less than one day _____ hr. _____ min.

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

10. Usual occupation mechanic

11. Industry or business _____

12. Name Joseph Stanley

13. Birthplace Ill. S
 (City, town, or county) (State or foreign country)

14. Maiden name McWayne

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

16. (a) Informant Elizabeth Stanley

(b) Address Curryville Mo

17. (a) Personal (b) Date thereof June 15 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodland Conv. Church

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

19. (a) June 12 1940 (b) _____
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike
 (c) City or town 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 - 1940
 year _____ 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 Coronary thrombosis
 Duration _____

Due to _____

Due to _____ 9413

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) _____

(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? 621

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

23. Signature Partei Turpin Coroner
 (M.D. or other)

Address Bowling Green Mo Date signed _____

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

MOTHER FATHER

Wood Lumber Cemetery Chicago Ill

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

William B Waters

Licensed Embalmer No.

3325

P. O. Address

Van Dusen Ave

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, fact should be so stated above.