

No. 2
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4764

State File No. _____

Registration District No. 897

Primary Registration District No. 6101

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour Rural Finley
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Seymour Rural Finley 0
(If outside city or town limits, write "RURAL")

(d) Street No. Seymour R.F.D. #4 0
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Ruben Dunbar Stanton

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 Elizebeth Stanton

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. 3, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Russelville, Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant R.B. Stanton

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 1-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 1-25-41 (b) R.E. Memmahan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1941 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 1938
19 _____ to Jan 25 19 41
that I last saw him alive on Jan 25 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Quadrilateral Carcinoma

Due to _____

Other conditions 4/6
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration 2 yrs.

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? 893
(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature R.E. Memmahan (M. D. or other) MD

Address _____ Date signed 1-25-41

Dr. Lietz

Registrar---Lon Watson

RECEIVED

District Health Officer No. 6,

District File Number 141-193

Date Filed FEB 4 1941 FEB 4 1941

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 W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Ava, Missouri

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.