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FILED JUN 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18043

Registration District No. 395

Primary Registration District No. 5551A

Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Blue Springs
(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 _____
In this community Blue Springs (Specify whether
years, months or days) 23 years

3. (a) PRINT FULL NAME Permelia Belle Stanley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife John W. Stanley 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased March 2 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 1 If less than one day
_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business in own home

MOTHER FATHER
12. Name Albert S. Williams
13. Birthplace Simpson Co. Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Amanda A. Gibson
15. Birthplace Blue Springs Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. K. Quinn
(b) Address Blue Springs, Mo.

17. (a) Burial (b) Date thereof May 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director Paul Wilson
(b) Address Paul Wilson

19. (a) May 6 1941 (b) Kathryn Powell
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Blue Springs
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3
year 1941 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from MAY
30, 1939, to MAY 3, 1941;
that I last saw her alive on MAY 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE MYOCARDITIS
Duration _____

Due to MYEDEMA

Due to _____

Other conditions NEPHRITIS C.R.B.D.V.C.
(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?
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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. E. Avery (M. D. or other) M.D.
Address BLUE SPRINGS, MO. Date signed 5/6/41

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.....

Ray Wilson

Licensed Embalmer No. *1318*

P. O. Address.....

Paula K...

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.