

N. B.—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.

Registration District No. 35

Primary Registration District No. 1001

Registrar's No.

527

1. PLACE OF DEATH:

(a) County BUCHANAN
 (b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MISSOURI METHODIST D
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 DAYS
(Specify whether years, months or days)
 In this community 12 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DEKALB 32
 (c) City or town UNION STAR
(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.? ----- 1 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME HUGH STANTON

3. (b) If veteran, name war NONE 3. (e) 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 AUGUSTA SCHWOPE STANTON 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased OCT. 17 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>29</u>	hr. min.

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

10. Usual occupation MERCHANT
HARDWARE-IMPLEMENTS

11. Industry or business

MOTHER FATHER { 12. Name THOMAS STANTON
 13. Birthplace DUBLIN COUNTY IRELAND
(City, town, or county) (State or foreign country)
 14. Maiden name JEAN FINLAYSON
 15. Birthplace Unknown SCOTLAND
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs H Stanton
 (b) Address Union Star, Mo.

17. (a) BURIAL (b) Date thereof MAY 18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION STAR, MO.

18. (a) Signature of funeral director Wm H Stanton
 (b) Address ATCHISON, KANSAS

19. (a) May 24, 1941 (b) H. H. Whitehead
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month MAY day 16TH
 year 1941 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 2, 1941, to May 16, 1941;
 that I last saw him alive on May 16, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Hypostatic pneumonia</u>	<u>3 days</u>
<u>myocarditis</u>	<u>1 yr.</u>
Due to <u>Heart Decompensation</u>	<u>10 days</u>
<u>prostatic hypertrophy</u>	<u>2 yrs.</u>
Due to <u>benign prostatic hypertrophy</u>	<u>6 mos.</u>

Other conditions -----
(include pregnancy within 3 months of death)

Major findings: -----
 Of operations -----
 Of autopsy no

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?
(Specify type of place) (e) Means of injury

23. Signature H. S. Conrad (M. D. or other) M.D.
 Address St. Joseph, Mo. Date signed 5-21-41

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.....

William Stanton Jr., Registered Apprentice No.....
working under my personal supervision.

Signed.....

William Stanton Jr.
Licensed Embalmer No. *3778*.....

P. O. Address.....

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.