S. No. 2
M—5-42
v. 5-17-39
I X32873

92
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31206

Registration District No. 305 Primary Registration District No. 11452 Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Wentzville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo (b) County St Charles 92
(c) City or town Wentzville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oscar Eddie Stansbury

3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ole Stansbury
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 5 (Day) 1865 (Year)

8. AGE: Years 77 Months — Days 29 If less than one day hr. min.

9. Birthplace Bloomington (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Albert Stansbury
13. Birthplace Dont Know (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Lucretia Renkin
15. Birthplace Saybrook (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Ole Stansbury
(b) Address Wentzville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 (Month) (Day) 1942 (Year)
(c) Place: burial or cremation St Louis Mo.
18. (a) Signature of funeral director F. Pittman
(b) Address Wentzville Mo
19. (a) 8/5-42 (Date received local registrar) (b) Gertrude S. Foustell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1942 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from January, 1942, to August, 1942 that I last saw him alive on 8/3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1/2 hour
Due to Myocardial Degeneration	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
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? (Specify type of place)
While at work (e) Means of injury

23. Signature John B. Killoran (M.D. or other)
Address Weight City, Mo Date signed 8/4/42

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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, fact should be so stated above.