No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 13

56
1
0

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

1. PLACE OF DEATH
(a) County Lewis
(b) City or town Canton
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town Canton
(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.

3. (a) PRINT FULL NAME Rosina STAPLES
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October (Month) 17 (Day) 1853 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 89 | 3 | 15 | hr. min. |

9. Birthplace Lewis Co., (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House keeper
11. Industry or business
FATHER
12. Name Daniel Ford Staples
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Bell Luckett
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant S. R. Staples
(b) Address Canton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 3 (Day) 43 (Year)
(c) Place: burial or cremation Staples (Cemetery)
18. (a) Signature of funeral director W. D. Kelly
(b) Address Canton Mo
19. (a) Feb. 3, 1943 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1943 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from 1-30, 1942 to 2-2, 1943
that I last saw her alive on 2-2, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death aortic regurgitation — Duration 1 mo
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death) 92 a
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 Dr. Earl Carter (M. D. or other) D. O.
Address Canton Mo Date signed 2-3-43

981

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-547
Date Filed MAR 12 1943

## 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. 1952

working under my personal supervision.

Signed W. S. Kelly

Licensed Embalmer No. 1953

P. O. Address Canton Ill

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**