

FILED MAY 13 1943

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wilson Nursing Home, 41107 Ridenbaugh
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community 4 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. R. F. D. # 2, Rushville, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Polly Ann Stanton

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife William M. Stanton, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 1st, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 3 19 _____ hr. _____ min.

9. Birthplace Rushville, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name William Allison,

{ 13. Birthplace Unknown, Kentucky, 1
(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 Mrs. Fred E. Roach

(b) Address 2312 Duncan Street, Street

17. (a) Burial (b) Date thereof 4/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rushville, Mo.

18. (a) Signature of funeral director Heaton

(b) Address 319 So. 10th Street, Home

19. (a) 4-22-43 (b) Arce Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th.
year 1943 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 11, 1943 to April 20, 1943
that I last saw her alive on April 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Tumor of Ovary embrown
Duration _____

Due to ✓

Due to ✓ 49a

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations ✓

Of autopsy Stated above

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 ✓ (b) Means of injury _____

23. Signature Gustav Kan (M. D. or other) MD
Address 1000 North 1st St, St. Louis Date signed 4/22/43

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

STATEMENT BY LICENSED EMBALMER

April 20-4

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 *Frank A. Bennett*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph Mo*

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.