S. No. 2
I—5-42
S 17130
X32873

MAY 14 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15014

State File No.

Registration District No. 244

Primary Registration District No. 5834, 5835

Registrar's No. 10.

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

1. PLACE OF DEATH:

(a) County MISSOURI. Newton County

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

(c) Name of hospital or institution: 1½ MI EAST of DIAMOND
(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 MISSOURI (b) County NEWTON

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

(d) Street No. 1½ MI EAST of DIAMOND
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Otis P. STANSBURY

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. .....

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced DIVORCED 3

6. (b) Name of husband or wife ERMAL STANSBURY

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased NOVEMBER (Month) 2 (Day) 1893 (Year)

8. AGE: Years 49 | Months 5 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace STARK CITY (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name JOHN W. STANSBURY
13. Birthplace NEWTON Co. (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name STELLA ONAM
15. Birthplace NEWTON Co. (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant Artie Kenney
(b) Address Newtonia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Newtonia I.O.O.F. Cem.

18. (a) Signature of funeral director Corey Thompson
(b) Address Neosho Mo.

19. (a) 4-25-1943 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day .....
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Died of Natural Causes. Probably Coronary Occlusion

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

94a

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 J. R. Reynolds Coroner (M. D. or other)

Address Neosho Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Date Received MAY 5 1943
File No. 543-81

MAY 18 1943

MAY 11 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.....,

working under my personal supervision.

Signed Corley N. Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.

S. No. 2B
OM—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15,014

Registration District No. 244 | Primary Registration District No. 5834 | Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Rural
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Otis P. Stansbury
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive (years)
7. Birth date of deceased: Nov. 2, 1893 (Month) (Day) (Year)
8. AGE: Years 49 | Months 5 | Days 18 | If less than one day: hr. min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 15 Day
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death: Died of Natural Causes. Probably coronary occlusion. (Duration)
Due to
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: J. Reynolds Coroner (M.D. or other)
Address: Neosho Mo Date signed

SUPPLEMENTARY

JUN 29 1945

S-15014