

FILED DEC 3 1943

Registration District No. **253**

Primary Registration District No. **5574**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural Van Buren Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 mi So of Tareney
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community **5 mo** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Rural Van Buren Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 1/2 mi So. of Tareney**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Sylvester H. G. Stickley**

3. (b) If veteran name war **No** 3. (c) Social Security No. **70**

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Nancy Jane Stickley** 6. (c) Age of husband or wife if alive **89** years
7. Birth date of deceased **Nov 26 1854**
(Month) (Day) (Year)

8. AGE: Years **89** Months **0** Days **4** - If less than one day hr. min.

9. Birthplace **Ind. I**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Laborer**

11. Industry or business

12. Name **Peter Stickley**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **E. J. Long**

(b) Address **Grain Alley mo**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **12-1-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **C. Spuyville Kane**

18. (a) Signature of funeral director **L. D. Langford**

(b) Address **Lee Summit mo**

19. (a) **11/30/43** (Date received local registrar) (b) **Mrs. Clifford Hunt** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **30** year **1943** hour **12:20** minute **- a** M.
21. I hereby certify that I attended the deceased from **Oct 25/43** 19 **43** to **Nov 30** 19 **43**
that I last saw him alive on **Nov 28** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis**

Due to **Similarity**

Due to

Other conditions (Include pregnancy within 3 months of death) **92**

Major findings: Of operations
Of autopsy

Duration
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?

While at work? (Specify type of place) (c) Means of injury

23. Signature **John G. Blader** (M.D. or other)
Address **Flora Jack mo** Date signed **11-30-43**

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

MOTHER FATHER

1160

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 *H. B. Langford*
Licensed Embalmer No. *2833*
P. O. Address *Leis Summit Dr*

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.