

FILED JUN 11 1945  
Registration District No. 128

Primary Registration District No. 2000

3747

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

1. PLACE OF BIRTH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1020 South Trenchard St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 7 Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town Salina (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 Miles East of Salina  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME

Margaretta Delia Standley

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1945 hour 7:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb 1945 to May 5 1945  
that I last saw her alive on in Mar 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Duration

1 yr

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Sherman E. Standley 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Apr 9 1878  
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Polk County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House Work

12. Name James Clark

13. Birthplace Uk Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Padgett

15. Birthplace Wabersville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman E. Standley

(b) Address Salina, MO.

17. (a) Burial (b) Date thereof May 7 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Greenwood Cemetery

18. (a) Signature of Federal Director Erwin Blue  
(b) Address Salina, MO.

19. (a) 5-5-45 (b) S. W. Standley  
(Date received local registrar) (Registrar's signature)

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy HOK

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 \_\_\_\_\_

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) (e) Means of injury C

23. Signature J. B. Lemmon (M. D. or other) M. A.

Address Springfield Mo. Date signed 7-5-45

**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 *William B. Erwin*.....

Licensed Embalmer No. *3092*.....

P. O. Address *Bolivar, 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.**

X