

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED APR 24 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **15452**

Registration District No. **381** Primary Registration District No. **45-15-** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Sullivan**

(b) City or town **Milan**  
(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 \_\_\_\_\_)

In this community **70 yrs**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Sullivan 105**

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Florence Melissa Stanley**

3. (b) If veteran, name war \_\_\_\_\_

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **3** day **4**  
year **1946** hour **2** minute **30 P** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19**40**, to **3-4**, 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **fm** 5. Color or race **w**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **John Stanley**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **4** (Month) **1866** (Day) (Year)

Immediate cause of death **infirmities of age**

Due to **renal-conclise of unknown complications**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **16 2nd**

**8. AGE:** Years **79** Months **10** Days **22** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Calos Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wif**

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name **Wm. Catlett**

13. Birthplace **Bolivar Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Staley**

15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Stanley**

(b) Address **Milan Mo**

17. (a) **3-6-46** (b) Date thereof **B-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakwood - Milan**

18. (a) Signature of funeral director **Dehauer**

(b) Address \_\_\_\_\_

19. (a) **April 4, 1946** (b) **Mrs. H. B. Harris**  
(Date recorded local registrar) (Registrar's signature)

**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) (e) Means of injury **2**

**23. Signature** **W. B. Harris** (M. D. or other) **100**  
Address **Milan Mo** Date signed **3-27-46**

**Duration** \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

5  
1  
0  
1530

RECEIVED

District Health Officer No. 10

District File Number 4-46-892

Date Filed APR 22 1946

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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..... August Schaefer.....

Licensed Embalmer No. 2667.....

P. O. Address..... Wilcox Wis.....

**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.**