

S. No. 2  
DM-5-43  
v. 5-17-39  
X 36671

**FILED** MAY 27 1948

Primary Registration District No. **3054**

Registrar's No. \_\_\_\_\_

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

16545

1. PLACE OF DEATH:

(a) County **Pike**

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

(c) Name of hospital or institution:  
**Pike Co. Hospital** *0*  
(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:

**MO.**

(a) State \_\_\_\_\_ (b) County **Pike**

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

(d) Street No. **124 Frankford Rd.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

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

3. (a) PRINT **Samuel E. Stanley**  
FULL NAME

3. (b) If veteran, **No** name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22**  
year **1946** hour **10** minute **50 A.M.**

4. Sex **Male** *0*

5. Color or race **White**

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

6. (b) Name of husband or wife **Anna E. Joslyn Stanley**

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

7. Birth date of deceased **January 17 1873**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr. 17, 1946**, 19\_\_\_\_, to **Apr. 22, 1946**, 19\_\_\_\_;  
that I last saw **him** alive on **Apr. 22, 1946**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HEMORRHAGE** *(1946)* duration **1** week

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>3</b>	<b>5</b>	hr. _____ min. _____

Due to **Chronic Arterio Sclerosis** **several** years

9. Birthplace **Pike Co. Missouri**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions **Chronic Diabetes Mellites** **14 year** years  
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

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

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **John Milton Stanley**

13. Birthplace **Virginia**

14. Maiden name **Paulina Rhode**

15. Birthplace **Virginia**

16. (a) Informant **Mrs. Anna E. Stanley**

(b) Address **Louisiana, Missouri**

17. (a) **Burial** (b) Date thereof **4/24/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(c) Place: burial or cremation **Eolia Cemetery**

18. (a) Signature of funeral director **Haley Mortuary**

(b) Address **Louisiana, Missouri**

19. (a) **4/22/46** (b) **Thurgood E. Stephens**  
(Date received local registrar) (Registrar's signature)

23. Signature **Robert L. Andrac, M.D.** (M.D. or other)  
Address **Louisiana, Missouri** Date signed **4/22/46**

MAY 29 1946

RECEIVED  
District Health Officer No. 107  
District File Number 5-46-1029  
Date REC'D - MAY-23-1946

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.....

George O. Wagner

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *George O. Wagner*  
.....  
Licensed Embalmer No. 3773

P. O. Address. Louisiana, Missouri

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.