

S. No. 2
-12-45
5-17-39
I X47070

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

FILED MAY 5 1947
Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(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:
1121 N. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 99 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1121 N. Broadway 6
(If rural, give location)

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

3. (a) PRINT FULL NAME Romolous Sanders Staley

3. (b) If veteran, name war Civil War

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 28, 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

100	5	26	hr.	min.
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9. Birthplace Clinton County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Alfred Staley

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Lucina Brower

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Lela Staley

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 4-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Chapel Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) _____ (b) W. E. Handley m d
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1947 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 31, 1947 to April 24, 1947
that I last saw him alive on April 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 1 day.

Due to Senility

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 10

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? 0

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

23. Signature Don DeSely (M. D. or other) MD

Address Springfield, Mo. Date signed 4-25-47

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 Ogle Stone Jr
Licensed Embalmer No. 4176
P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDEWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above!