V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27948

FILED AUG 26 1947

Registration District No. 17

Primary Registration District No. 1002

Registrar's No. 3502

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community over 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 623 Euclid 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Stanley
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 6 (Month) 1859 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	~~20~~ 10	5	hr. min.

9. Birthplace Wayne County Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Retired Rest. Operator
11. Industry or business Self
FATHER
12. Name Jessie Stanley
13. Birthplace Wayne County Ind. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Parks
15. Birthplace Wayne County Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Murray C Stanley
(b) Address St Louis Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Greencastle Ind.
18. (a) Signature of funeral director C.H. Blackman & Son, Inc
(b) Address 2825 Independence Blvd.
19. (a) 8-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1947 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug. 5, 1947 to Aug. 11, 1947;
that I last saw him alive on Aug. 11, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arteriosclerotic gangrene	
Terminal bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 98
Of autopsy None

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Wm W. Hart (M.D. or other) MD
Address Med. Dir. Gen'l Hosp Date signed 8-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Cope

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 O K McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.