

FILED FEB 6 1948

Registration District No. **156**

Primary Registration District No. **2001**

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

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: Fremont Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Ellen Standley

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

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

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Oct 10 1926  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>20</u>	<u>3</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Red Oak Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

**MOTHER FATHER**

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

12. Name Harry Standley

13. Birthplace Red Oak Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Apton S. Standley

(b) Address Southwest City Mo.

17. (a) Removal  
(Burial, cremation, or removal)

(b) Date thereof Jan 14 48  
(Month) (Day) (Year)

(c) Place: burial or cremation Southwest City Mo.

18. (a) Signature of funeral director Wm. H. Smith

(b) Address Wm. H. Smith

19. (a) 1-27-48  
(Date received local registrar)

(b) [Signature]  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County McDonald

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

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 14  
year 19 48 hour 11:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from JAN. 7, 1948 to JAN. 14, 1948  
that I last saw her alive on JAN. 14, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL HEMORRHAGE OVER ARTERIAL  
Due to MALIGNANT HYPERTENSION AND CHR. NEPHRITIS  
Duration OVER 5 YRS. OVER 1 YR.

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

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

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (If means of injury)

Signature [Signature] (M. D. certifying)  
Address FRISCO BLDG. JOPLIN MO Date signed 1/17/48

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

19  
2  
5

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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 E. R. Pyeatt  
Licensed Embalmer No. 3211  
P. O. Address Grovette Ark.

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, above space should be left blank.