S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 25 1948
Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 15818
Registrar's No. 68

1. PLACE OF DEATH:
(a) County: COOPER
(b) City or town: BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEX VAN RAVENSWAY HOSPITAL 0
(If not in hospital or institution, write street, number, or location)
(d) Length of stay: In hospital or institution: THREE DAYS (Specify whether years, months or days)
In this community: THREE DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONITEAU
(c) City or town: TIPTON
(If outside city or town limits, write "RURAL")
(d) Street No.: NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: NATIVE

3. (a) PRINT FULL NAME: JULIA M. STANLEY ~~Julian STANLEY~~
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: FEMALE 1
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED 1
6. (b) Name of husband or wife: Wm E. STANLEY
6. (c) Age of husband or wife if alive: 85 years
7. Birth date of deceased: DECEMBER, 29th. 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	4	19	hr. min.

9. Birthplace: COOPER COUNTY, MISSOURI 0
(City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: HOME
FATHER
12. Name: CHRISTIAN KAUNE
13. Birthplace: GERMANY 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MARGARET ARNOLD
15. Birthplace: OHIO 1
(City, town, or county) (State or foreign country)
16. (a) Informant: W. E. STANLEY (HUSBAND)
(b) Address: TIPTON, MISSOURI
17. (a) (Burial, cremation, or removal) (b) Date thereof: 5/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Clarksfork Cem.
18. (a) Signature of funeral director: Jennie E. Richards
(b) Address: Tipton Mo
19. (a) 5-20-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 18
year: 1948 hour: 5 minute: 15 A.M.
21. I hereby certify that I attended the deceased from 5/14/48, 19.48 to 5/18, 19.48 that I last saw her alive on 5/17, 19.48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	
Due to: Acute heart failure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 83 P
Of autopsy:

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
23. Signature: [illegible] (M. D. or other)
Address: 517 4th St. Boonville Mo Date signed: 5/18/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
istrict File Number
ate Filed 5-24-48

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 Jennie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.