No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40832

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 116

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Wyatt (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: P.O. Box 110
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67
(c) City or town Wyatt (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. P.O.Box 110
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---------

3. (a) PRINT FULL NAME Katie R. Stanley
3. (b) If veteran, name war ------
3. (c) Social Security No. -----
4. Sex Female 2
5. Color or race Negro
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 October 9, 1918 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	2	21	hr. min.

9. Birthplace Mississippi County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Earl Stanley
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Virginia Lee
15. Birthplace Mississippi County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Virginia Stanley
(b) Address P.O.Box 110, Wyatt, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1949 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director F. J. Sparks.
(b) Address Charleston, Missouri
19. (a) 1-8-49 (Date received local registrar) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1948 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug 20, 1948 to Dec 30, 1948
that I last saw her alive on Dec 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma (mesentary)	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 H	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature T. P. Fenton D.D. (M.D. or other)
Address Wyatt, Mo Date signed 1-2-49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 149- 62
Date Filed 1-11-49

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 Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Guardeau

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.