

S. No. 2
M-5-43
7-5-17-39
I X36671

Registration District No. **297** Primary Registration District No. **6221**

1. PLACE OF DEATH:
(a) County **Ray**
(b) City or town **Richmond (Grape Grove Twn)**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **76 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Ray**
(c) City or town **Richmond, (rural)**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mamie Almira Stanley**
3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**
4. Sex **female** 5. Color or race **white** 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 **April 19th, 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **16** year **1948** hour **4** minute **30 p.m.**
21. I hereby certify that I attended the deceased from **Dec. 7**, 19**48** to **Dec. 16**, 19**48**
that I last saw him alive on **Dec. 16**, 19**48**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Hemorrhage 2 hrs**
Duration _____

8. AGE: Years **76** Months **27** Days **27** If less than one day _____ hr. _____ min.

Due to **Arterial Hypertension 10 yrs**
Due to **Chronic Intermittent Nephritis 30 yrs**

9. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **teacher**
11. Industry or business **retired**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **1-3/12**
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER, FATHER
12. Name **John Stanley**
13. Birthplace **Ray County Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Straughn**
15. Birthplace **Lexington Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil Stanley**
(b) Address **Braymer, Missouri**
17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **12-18-48**
(Month) (Day) (Year)
(c) Place: burial or cremation **Cozill Cemetery**

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? _____

18. (a) Signature of funeral director **Donald J. Meak**
(b) Address **Braymer, Mo**
19. (a) **12-18-48** (b) **Mabel Jackson**
(Date registered) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury **?**
23. Signature **John P. Crank** (M. D. or other) **D.O.**
Address **Braymer, Mo** Date **12-17-48**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-29-42

NOV 16 3 10 PM '42

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 _____

Wayne H. Holleman

Registered Apprentice No. **77**

working under my personal supervision.

Signed

Demard J. Mead

Licensed Embalmer No. **2801**

P. O. Address _____

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.