

FILED JUN 11 1945

Registration District No. 59

Primary Registration District No. 2611

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: Bales Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Carroll 17

(c) City or town "Rural" 0  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME G.R. STATON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 0 5. Color or race W.

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Mary E. Staton 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 16 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 10 28 hr. min.

9. Birthplace Adair Co. Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name James Staton

13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Martha J. Meredith

15. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Staton

(b) Address Wakenda, Mo.

17. (a) Burial (b) Date thereof 5-16-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Standley

(b) Address Carrollton, Mo.

19. (a) 5-16-45 (b) Mrs James R. Staton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1945 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from 5-12-45 to 5-14-45  
that I last saw him alive on 5-13 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Uremia (acute)  
Nephritis (chronic)

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

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

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

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

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

Duration

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) (e) Means of injury \_\_\_\_\_

23. Signature Burford M. Colby (M. D. or other) \_\_\_\_\_

Address 16 No. Monroe Carrollton Mo Date signed 5-15-45

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

MOTHER FATHER

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