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OREGON STATE BOARD OF HEALTH

Division of Vital Statistics

CERTIFIED COPY OF DEATH RECORD

State File No. .....

Local Registrar's No. 178

1. PLACE OF DEATH:
(a) County Klamath
(b) City or town Klamath Falls (If outside city or town limits write RURAL)
(c) Name of hospital or institution: 215 North 11th Street (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 24 years In state 24 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County Klamath
(c) City or town Klamath Falls (If outside city or town limits write RURAL)
(d) Street No. 1130 Lincoln Street (If rural give location)
(e) If foreign born, how long in U. S.? ..... years.

3. (a) FULL NAME Charles William Stanley
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth H. Stanley
6. (c) Age of husband or wife If alive 52 years
7. Birth date of deceased January (Month) 2, (Day) 1886 (Year)
8. AGE: Years 60 Months 7 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace Birmingham, England (City) (State or foreign country)
10. Usual occupation Cabinet Maker
11. Industry or business Own Shop
Father: 12. Name Charles Stanley, Sr.
12. Birthplace England (State or foreign country)
Mother: 14. Maiden name Esther Palmer
15. Birthplace England (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Ruth H. Stanley
(b) Address 1130 Lincoln St. Klamath Falls, Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Linkville Cemetery
Ward's Klamath Funeral Home
18. (a) Signature of funeral director Marvin A. Albee
(b) Address Klamath Falls, Oregon
19. (a) 8/26/46 (Date received by Registrar) (b) Phyllis Duffy (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 18 year 1946 hour approx 7 minute A. M.
Took charge of the remains
21. I hereby certify that I ..... 19..; that I last saw h..... alive on ..... 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration: few weeks
Due to .....
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

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence ..... (Month) (Day) (Year)
(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 .....

22. Signature George H. Adler (M. D. or other) MD
Address Klamath Falls, Ore Date signed 8/20/46
County Coroner

STATE OF OREGON
County of Klamath }

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Health Department of Health.

Phyllis Duffy
Registrar of Vital Statistics

(SEAL)

By .....

NOTARY PUBLIC FOR OREGON
Notary Public in and for the State of Oregon.
My Commission Expires March 7, 1948.

Date August 27, 1946, 194

V. S. 10M—10-45

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Oregon Title Co.

this 27 day of May A.D. 1964 at 3:30 o'clock P.M., and duly recorded in Vol. 353 of Deeds on Page 238

Fee $1.50

CHAS. F. DELAP, COUNTY CLERK

By Jane Wood Deputy

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43-113510-T

Deed for Oregon 89091 Vol. 353 Page 257

THIS INDENTURE WITNESSETH: THAT Philip N. Brownstein, of Washington, D. C., as Federal Housing Commissioner, Grantor, in consideration of the sum of ONE DOLLAR ($1.00) to him in hand paid, the receipt whereof is hereby acknowledged, has granted, bargained, sold and conveyed, and by these presents does hereby grant, bargain, sell and convey unto GEORGE E. ANDERSON AND GRACE B. ANDERSON, HUSBAND AND WIFE Grantee(s), the following real property situate in Klamath County, State of Oregon, to wit:

The South 50 Feet of Tract 4 of BAILEY TRACTS, according to the official plat thereof on file in the Records of Klamath County, Oregon.

TOGETHER WITH ALL and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said Grantee(s), and to the heirs and assigns of said Grantee(s), forever.

SUBJECT TO ALL covenants, restrictions, reservations, easements, conditions and rights appearing of record; and SUBJECT to any state of facts an accurate survey would show.

THE SAID GRANTOR for himself and for his successors in office, does hereby covenant to and with the said Grantee(s), and the heirs and assigns of said Grantee(s), that the said Grantor is the owner in fee simple of said premises, and that the said Grantor will WARRANT and DEFEND the same against the lawful claims and demands of all persons claiming by, from, through or under said Grantor, and none other.

IN WITNESS WHEREOF the undersigned on this 15th day of May, 1964 has set his hand and seal as Field Office Director, FHA Field Office, Portland, Oregon, for and on behalf of the said Federal Housing Commissioner, under authority and by virtue of the Code of Federal Regulations, 24 CFR 200.95(w), 200.96; and under authority of 12 USC 1710 (g) (said section of the statute being known as 204(g) of the National Housing Act, as amended).

Executed in the presence of:

Sophia L DuFrain

PHILIP N. BROWNSTEIN (SEAL)
As Federal Housing Commissioner

By (SEAL)
Oscar Pederson
Field Office Director
FHA Field Office, Portland, Oregon

STATE OF OREGON)
COUNTY OF Multnomah) ss

On the 15th day of May, 1964, before me appeared Oscar Pederson who is known to me to be the duly appointed Field Office Director, FHA Field Office, Portland, Oregon, and the individual who is described in and who executed the within instrument by virtue of the authority vested in him by the Code of Federal Regulations, 24 CFR 200.95(w), 200.96; and under authority of 12 USC 1710(g) (said section of the statute being known as 204(g) of the National Housing Act, as amended), and acknowledged that he signed and sealed the same as his free and voluntary act and deed for and on behalf of Philip N. Brownstein, as Federal Housing Commissioner, for the uses and purposes therein mentioned.

Given under my hand and official seal the day and year last above written.

My Commission Expires: 1-7

Notary Public in and for the State of Oregon

1931-1 FHA-Wash. D. C. FHA FORM NO. 1869.1