

NOV 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35718
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Registration District No. 131
 (b) Township Reynold Primary Registration District No. 5182
 (c) or Oriole City R. F. D. #1
 (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Stafford *Entire life*
 (a) Residence, No. Cape County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Stafford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 14
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Hswife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keithsburg Illinois
 FATHER
 13. NAME Dont Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 MOTHER
 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 17. INFORMANT (ADDRESS) Louis Stafford Oriole Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE McLains Chapel DATE 11-6-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman Cape Girardeau, Missouri
 20. FILED Nov 8 1939 Clara Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-5 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to Nov 5, 1929. I last saw him alive on Nov 3, 1929. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Motor Paralysis
 Date of onset 6/2/29
 Other contributory causes of importance: None
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. J. Miller, M. D.
 (Address) Cape Girardeau Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1693

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.....

Licensed Embalmer No.....

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, above space should be left blank.