

Registration District No. 692

Primary Registration District No. 4414

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Dearborn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution none (Specify whether
In this community 51 yrs years, months or days) (Specify whether

3. (a) PRINT FULL NAME: Eva Margaret Stafford
3. (b) If veteran, name war none **3. (c) Social Security** No. no

4. Sex: female **5. Color or race:** white **6. (a) Single, widowed, married, divorced:** Married
6. (b) Name of husband or wife: James Stafford **6. (c) Age of husband or wife if alive:** 64 years
7. Birth date of deceased: Jan 25 1890 (Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 3 If less than one day — hr. — min.

9. Birthplace: Platte Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: none

MOTHER FATHER
12. Name: Mickey Margie
18. Birthplace: Platte Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Margaret Ward
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: James Stafford
(b) Address: Dearborn Mo.

17. (a) (Burial, cremation, or removal): Burial **(b) Date thereof:** Nov 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Maguire Cemetery

18. (a) Signature of funeral director: William D. Davis
(b) Address: Dearborn Mo.

19. (a) (Date received local registrar): Nov 28 **(b) (Registrar's signature):** [Signature]

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83
(c) City or town Dearborn Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 1941
year 1941 hour — minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 1, 1941, to March 28, 1941; that I last saw her alive on Nov 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to: Hemiplegia Nov 28 1941
Due to: _____

Other conditions: High Blood Pressure
(Include pregnancy within 3 months of death)

Major findings: None
Of operations: _____
Of autopsy: no

Duration Nov 15 to Nov 28 1941
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? _____

23. While at work? Yes (Specify type of place) 623 (a) Means of injury: None

28. Signature: [Signature] (M. D. or other) D
Address: Dearborn Mo. Date signed: 3/28/41

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

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.