

FILED AUG 11 1941

Registration District No. 125

Primary Registration District No. 909

Registrar's No. 282

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town " "
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: So East Mo Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether
 In this community 0
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
 (c) City or town Cape Girardeau Mo R.F.D. #1
 (If outside city or town limits, write "RURAL")
 (d) Street No. Orolio Mo
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

George Stafford.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 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 July 15, 1871
 (Month) 15 (Day) 1871 (Year)

8. AGE: Years 70. Months 0 Days 12
 If less than one day hr. _____ min.

9. Birthplace Oak Ridge Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samual Stafford.

13. Birthplace Oak Ridge Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Trickey.

15. Birthplace Oak Ridge Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Burn Dands

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof July 28, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLain Cemt

18. (a) Signature of funeral director L. Q. Haman

(b) Address Cape Girardeau Mo

19. (a) 7-29-41 (b) J. M. Thompson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
 year 1941 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from July 6 1941 to July 27 1941
 that I last saw him alive on July 26 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death myo-carditis known
 Duration _____

Due to _____
 Due to _____

Other conditions Embargo Prostate
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none
 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 D. L. Redenbaugh (M. D. or other) _____
 Address Paris Mo Date signed 7-28-41

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

2
4-41
7-39
X28390

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.....

Earl J. Smith

Licensed Embalmer No. *3676*.....

P. O. Address..... *Cape Girardeau Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.