

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41778

FILED JAN 22 1942

Registration District No. _____

Primary Registration District No. 5408

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Smith mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (years, months or days)

8. (a) PRINT FULL NAME Harry Stanton

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lizzy Stanton 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan 1 1891
(Month) (Day) (Year)

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

9. Birthplace Murphers Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Lawmilling

11. Industry or business _____

12. Name Washington Stanton

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

14. Maiden name Luzen Beat

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

16. (a) Informant's own signature Lizzy Stanton

(b) Address Smith mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Funeral home

18. (a) Signature of funeral director J. P. Emerson

(b) Address Paradise

19. (a) 12-29 (b) A. M. M. M. M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Smith
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1941 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from 11-10-41
_____, 19____, to _____, 19____;

that I last saw him alive on 12-4
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
of Lues

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 J. P. Emerson (M. D. or other)

Address Smith Date signed 12-4-41

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

Rev. 5-17-39.

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.

RECEIVED

District Health Office No. 2,

District File Number 142-43

Date Filed 1-16-42

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 J

Harry Stabner, Registered Apprentice No. _____,
working under my personal supervision.

Signed [Signature]
[Signature]
Licensed Embalmer No. _____

P. O. Address Paragould, Mo.

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.