

No. 5

FILED JUL 14 1942

State File No. ....

Registration District No. 678

Primary Registration District No. 5906

Registrar's No. ....

1. PLACE OF DEATH: Phelps Mercantile

(a) County: Phelps

(b) City or town: Phelps Mercantile

(c) Name of hospital or institution: 8

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

(d) Length of stay: In hospital or institution: all of his life

In this community: all of his life

2. USUAL RESIDENCE OF DECEASED: 81

(a) State: (b) County: 0

(c) City or town: 6

(If outside city or town limits, write "RURAL")

(d) Street No: (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Philip W. Stafford

3. (b) If veteran, name war: 3. (c) Social Security No.:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19th year 1942 hour minute 60 M.

21. I hereby certify that I attended the deceased from June 1, 1942 to June 19, 1942

that I last saw him alive on June 19, 1942 and that death occurred on the date and hour stated above.

4. Sex: M Color or race: W

5. Color or race: W

6. (a) Single, widowed, married, divorced, or widow: Widowed

(b) Name of husband or wife: Rebecca Stafford

(c) Age of husband or wife if alive: years

7. Birth date of deceased: (Month) April (Day) 18 (Year) 1863

Immediate cause of death: to brown valvular disease of heart

Duration: 8 months

8. AGE: Years 78 Months Days If less than one day hr. min.

Due to:

Due to:

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

9. Birthplace: Bradford Co. Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation: Man

Major findings: Of operations: 93d

Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business:

12. Name: Elias Stafford

13. Birthplace: Bradford Co. MO

(City, town, or county) (State or foreign country)

14. Maiden name: Lawrence

15. Birthplace: Bradford Co. MO

(City, town, or county) (State or foreign country)

16. (a) Informant: John Stafford

(b) Address: Steelville MO

17. (a) (b) Date thereof: 6-21-1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Steelville cemetery

18. (a) Signature of funeral director: L. Jones

(b) Address: Steelville MO

19. (a) 6-19-42 (b) Chance Dickson

(Date received local registrar) (Registrar's signature)

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: R. B. Parker (M. D.)

Address: Steelville MO Date signed: 6-19-42

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

1091

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 LFJ

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed LFJ

Licensed Embalmer No. 2379

P. O. Address Shelville M.

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, fact should be so stated above.

Registration District No. 678

Primary Registration District No. 5906

Registrar's No. ....

1. PLACE OF DEATH: Phelps.  
 (a) County Phelps  
 (b) City or town Adral  
 (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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State mo (b) County Phelps  
 (c) City or town Meramec Sup.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.....  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Philip W. Stafford  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased. apr 18 1896  
 (Month) (Day) (Year)

8. AGE: Years 79 Months - Days - If less than one day..... min.

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

10. Usual occupation.....  
 11. Industry or business.....

MOTHER FATHER  
 12. Name.....  
 13. Birthplace..... (City, town, or county) (State or foreign country)  
 14. Maiden name.....  
 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....  
 (b) Address.....

17. (a)..... (b) Date thereof.....  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....  
 (b) Address.....

19. (a) 6/19/1942 (b) Charles Wilson  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June Day.....  
 year 1942 hour..... minute..... M.  
 21. I hereby certify that I attended the deceased from.....  
 19..... to..... 19.....  
 that I last saw him/her alive on..... 19.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 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..... (M. D. or other)  
 Address..... Date signed.....

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

SUPPLEMENTARY

S-22009