

S. No. 2
M-2-43
7-5-17-35
-I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20058**
Registrar's No. **5330**

FILED JUN 30 1943
Registration District No. **18**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH
(a) County **Howe**
(b) City or town _____
(c) Name of hospital or institution **Baptist Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Edgar Clay Stafford**
3. (b) If veteran, name war _____ No. _____
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 **Dec 26 1925**
(Month) (Day) (Year)

8. AGE: Years **17** Months **5** Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____
12. Name **Ray Leroy Stafford**
13. Birthplace **Black Mo**
(City, town or county) (State or foreign country)
14. Maiden name **Myra Lockley**
15. Birthplace **Bruno Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leroy Stafford**
(b) Address **Bismarck, Mo**

17. (a) **None** (b) Date thereof **May 30 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boss Mo**

18. (a) Signature of funeral director **Sparks and Co**
(b) Address **7 1/2 River Mo**

19. (a) **JUN 10 1943** (b) **J.F. Beebeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Howe**
(c) City or town **Bismarck**
(front side city or town limits, write "RURAL")
(d) Street No. **Baptist Sanatorium**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **26** 1943
year **1943** hour **1:35 P** minute **P.M.**
21. I hereby certify that I attended the deceased from **May 16** 1943, to **May 26** 1943
that I last saw him alive on **May 26** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronch pneumonia** Duration **11 d.**

Due to **?**
Due to **107**
Other conditions **Gen. lymphadenopathy** 3 mo
(Includes pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **denied**
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 **John R. Horner** (M. D. or other) **M. D.**
Address **114 N. Taylor St. L.** Date signed **5-28-43**

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

Everett Sparks

Licensed Embalmer No.

4287

P. O. Address

Flat River 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, fact should be so stated above.