. S. No. 2
0M—2-43
v. 5-17-39
-1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18764

State File No.

Registration District No. 237 Primary Registration District No. 3853 Registrar's No. 82

1. PLACE OF DEATH

(a) County Nodaway

(b) City or town Maryville (Rural- Polk) 7

(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 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville 0

(If outside city or town limits, write "RURAL") 2 miles north

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

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

If yes, name country 0

3. (a) PRINT FULL NAME George Wesley Stafford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race shite

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lola Stafford

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 15 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Nodaway County Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name John L. Stafford
13. Birthplace Portland Ind. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Pouden
15. Birthplace unknown Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola Stafford

(b) Address Maryville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) 5-15-44 (Date received local registrar) (b) Amy Barbed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 7 day 1944 year 10 hour 30 P. minute M.

21. I hereby certify that I attended the deceased from Apr 26th, 1944, to May 7th, 1944, that I last saw him alive on May 6th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 10 days

Due to Arteriosclerosis

Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

93d

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. E. Dean (M. D. or other) MD

Address Maryville Mo Date signed 5-8-44

1347

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.