

S. No. 2
M-8-43
v. 5-17-39
I X37823

5793

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 16 1945

Primary Registration District No. 4081

Registrar's No. 1

1. PLACE OF DEATH:

(a) County CARROLL

(b) City or town BOSWORTH MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 CARROLL

(c) City or town Bosworth MO 17
(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 CHARLES WESLEY STAFFORD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26
year 1945 hour 5 minute 15 AM.

21. I hereby certify that I attended the deceased from Nov
1943 to Jan 26, 1945

that I last saw him alive on Jan 26, 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife MARY LILLIAN STAFFORD

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased DEC. 25 1885
(Month) (Day) (Year)

Immediate cause of death Myocardial Duration _____

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

59 1 1 hr. _____ min.

Due to Sarcoma of Rectum & Liver

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) H6d

10. Usual occupation MERCHANT

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name SAMUEL STAFFORD

Underline the cause to which death should be charged statistically.

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

14. Maiden name SARAH SOPHIA RACER

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

16. (a) Informant Mary Lillian Stafford

(b) Address Bosworth Mo

17. (a) Burial (b) Date thereof Jan 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BIG CREEK CEMETERY

18. (a) Signature of funeral director David J. Edwards

(b) Address Bosworth Mo

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? _____

19. (a) Jan 28 1945 (b) Ruth Perry Edwards
(Date received local registrar) (Registrar's signature)

23. Signature Carl Joseph Brown (M. D. or other) MD

Address Bosworth, Mo Date signed Jan 26

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

7
00

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number:

Date Filed 2-15-41

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 David J. Edwards

Licensed Embalmer No. 3265

P.O. Address Bosworth M.D.

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.