

FILED JUN 19 1945

Primary Registration District No. 3055

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Bolivar  
(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 Missouri (b) County Polk  
(c) City or town Bolivar  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Belle Stafford

3. (b) If veteran, name war none (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charles H. Stafford 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Sept. 28 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 5 5 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Banj. F. Castleman  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Burks  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Stafford

(b) Address Bolivar, Mo.

17. (a) Burial (b) Date thereof Mar. 5, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin

(b) Address Bolivar, Mo.

19. (a) Mar 5 1945 (b) Alma Pelen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1945 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from March  
1945 to March 3 1945  
that I last saw her alive on Feb 25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma  
of left breast  
with metastasis  
to lungs &  
to right tibia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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 (C)

23. Signature D. McCraw (M. D. or other)  
Address Bolivar, Mo. Date signed 3-3-45

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

1294

RECEIVED

District Health Officer No. 7,

District File Number 5-487583

Date Filed 6-14-45

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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 \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.