

**FILED** JUN 10 1946  
Registration District No. 2825

Primary Registration District No. 2825

Registrar's No. 58

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town Caton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
In this community about 17 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town Caton  
(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 Arch Eugene Stanfill  
3. (b) If veteran, name war No.  
3. (c) Social Security No. No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 1  
year 1946 hour 5:55 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 2-17-44  
~~4-1-46~~ 19, to 6-1-46 19;  
that I last saw him alive on 5-30-46 19;  
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 Married  
6. (b) Name of husband or wife Bessie Stanfill  
6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Dec-30-1898  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach  
Due to Carcinoma of stomach  
Due to \_\_\_\_\_

8. AGE: Years 57 Months 5 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy H&K

9. Birthplace Fulton County Ky.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farming

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

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

16. (a) Informant Bessie Stanfill  
(b) Address Caton, Mo.  
17. (a) Burial (b) Date thereof June 3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Matthews

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? \_\_\_\_\_

18. (a) Signature of funeral director Richard Lingo  
(b) Address New Madrid, Mo.  
19. (a) 6/11/46 (b) Dr. Keith Gustafson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 2  
23. Signature W. J. Geller (M. D. or other) MD  
Address Caton Mo Date signed 6/8/46

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

RECEIVED

District Health Office No. 2,

District File Number 746-802

Date Filed 2-5-46

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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 L. B. Hidyupeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.