V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

36689

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37872

Registration District No. 268 Primary Registration District No. 5904 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Butler Twp
(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 Pemiscot 78

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME W. L. Stafford

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 12 (Month) (Day) 1858 (Year)

8. AGE: Years 84 Months Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Decatur (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation Merchant

11. Industry or business .....

FATHER
12. Name W. L. Stafford
13. Birthplace Unknown (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Susie Rossen
15. Birthplace Unknown (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant J. D. Stafford
(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville, Mo.

19. (a) 11-30-46 (Date received local registrar) (b) Mrs. W. A. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd year 1946 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from July 15, 1946, to Sept 27, 1946; that I last saw him alive on Sept 27, 1946 — 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, senility.

Due to Uremia

Due to Prostatic Hypertrophy with urinary retention

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93 E

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 Harvey W. Carter (M. D. or other) .....

Address Portageville, Mo. Date signed 10-5-46

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(Licensed Embalmer's Statement on Reverse Side)

12-46 - 262

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 No Embalming.

Licensed Embalmer No.....

P. O. Address.....

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.