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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1948

Registration District No. 1441

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36895

Registrar's No. 4471

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3921 Genesee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3921 Genesee
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SAMUEL DAVID STAFFORD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife No Record

6. (c) Age of husband or wife if alive No Record years

7. Birth date of deceased January (Month) 26 (Day) 1866 (Year)

8. AGE: Years 82 | Months 9 | Days 4 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Self

FATHER
12. Name Samuel Stafford
13. Birthplace No Record (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Emily Brumfield
15. Birthplace No Record (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Viola Husted
(b) Address 3921 Genesee, K.C.Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Stanberry, Missouri

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd., K.C.Kans.

19. (a) 11-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1948 hour about 11 minute 35P M.

21. I hereby certify that I attended the deceased from April, 1948, to Oct 30, 1948; that I last saw him alive on Oct 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure or decompensation — Duration unknown

Due to Hypertension

Due to unknown

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93 D

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) Harold W. Bain

While at work? (e) Means of injury

23. Signature Harold W Bain (M. D. or other) D.O.
Address 4150 Rainbow Blvd KCK Date signed 11-2-48

(Licensed Embalmer's Statement on Reverse Side)

Dr Bain
TA 3945

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 Jimmy S. Huckaba

Licensed Embalmer No. 4092

P. O. Address Mission, Kans.

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.