DEC'D JAN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42355
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 1235
(c) City St. Joseph — (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 45 yrs. 11 mos. 29 ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stanton Stanford
(a) Residence, No. 918 Faraon St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

351

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hazel Stanford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 11, 1892.

7. AGE: YEARS 45 — MONTHS 11 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Painter & Paper Hanger.
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Dec. 1938.
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Missouri.

FATHER
13. NAME: William Stanford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

MOTHER
15. MAIDEN NAME: Anna Mae Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Penn.

17. INFORMANT (ADDRESS): Hazel Stanford 918 Faraon Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cemt.
PLACE: St. Joseph, Mo. DATE: Dec. 12, 1938

19. FUNERAL DIRECTOR (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED 12/12 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 10, 1938

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from 12/10, 1938 to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:20A m.
The principal cause of death and related causes of importance were as follows:

Acute alcoholism — Date of onset

75

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? History — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) B. W. Tadlock-Corone, M. D.
(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Robert P.Clarkson, Licensed Embalmer No. 4028.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

**** L. E. ******

No. ***** or by *****, Registered Apprentice No. ****

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028.

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.)