

DEC'D FEB 21 1939

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

1602
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 83
 (b) Township Faucett Primary Registration District No. 4051 Registered No. _____
 (c) City Faucett, (d) Street No. Faucett, Missouri, _____ 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 38 yrs. 6 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lucinda Asbarine Stanton,
 (a) Residence, No. Faucett, Missouri, St. (If nonresident, give city, or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David A. Stanton,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER 13. NAME Thomas Kirkman,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina,

MOTHER 15. MAIDEN NAME Elizabeth Dobson,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina,

17. INFORMANT (ADDRESS) Miss Vivian Stanton, Faucett, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE Yates Cemetery DATE Feb'y 1st, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Waton-Belale & Brown, St. Joseph, Missouri,

20. FILED 1-31-1939 W. S. Hull Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1939, to Jan 30, 1939
 Last saw him alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Jan 29, 1939

Other contributory causes of importance: J. H. M.

Name of operation No Date of _____
 What test confirmed diagnosis? Physician's findings Was there an autopsy? No

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) H. L. D. Graham, M. D.
 (Address) St. Joseph, Mo.

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, Jan 30,

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3007

P. O. Address 3190 10th Ave

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, above space should be left blank.