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

REC'D OCT 19 1939

33047
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan
(b) Township Moreau
(c) City Versailles
Registration District No. 598
Primary Registration District No. 3355
Registered No. 32
(d) Street No. ..... 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 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DeLoris Jay Stafford
(a) Residence, No. E. Jackson St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1939
7. AGE: Years | Months | Days 1 | If LESS than 1 day, ...hrs. or ....min.

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) Versailles, Mo

FATHER
13. NAME Everett Stafford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Mo.

MOTHER
15. MAIDEN NAME Hazel Stevenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yelm, Washington

17. INFORMANT (ADDRESS) Everett Stafford Versailles, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Sept 22, 19 9
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Kidwell Versailles, Mo
20. FILED Oct 10, 1939 Will F. Berry Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1939, to Sept 22, 1939
I last saw he alive on Sept 21, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	9-21-39

Other contributory causes of importance: None

Name of operation — Date of
What test confirmed diagnosis? 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) Loren Washburn M. D.
(Address) Versailles, Mo

(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.

1 X14025

RECEIVED
District Health Officer No. 7
District File Number 10-29-1507
Date Filed 10-13-39

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.....

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, above space should be left blank.