

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
113 E. Marshall Street 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Carroll Stanfill
 8. (b) If veteran, X X X name war _____
 3. (c) Social Security No. X X X

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Nancy Ellen Stanfill
 6. (c) Age of husband or wife if alive X X years
 7. Birth date of deceased Dec. 7 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Henderson Co. Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Jack Stanfill 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Eliza Benson
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Stanfill
 (b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 3-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sardis Tennessee

18. (a) Signature of funeral director Lair-Nunnelee Service
 (b) Address Charleston, Mo.

19. (a) 3-26-40 (b) J. A. Vernon 745
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Tennessee (b) County Henderson
Sardis
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 25th.
 year 1940 hour 11 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 20 1940 to March 25 1940
 that I last saw him alive on March 24 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
 Duration 5 da

Due to _____

Due to Hypertension

Other conditions 524
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature C. C. Russell (M. D. or other) _____
 Address Charleston, Mo. Date signed _____

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

67
 3
 1

RECEIVED

District Health Officer No. 2

District File Number 440-863

Date Filed 4/4/40

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 John P. Funnell Jr

Licensed Embalmer No. 3851

P. O. Address Charleston Mo

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.