

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 347 Primary Registration District No. 308

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Mo

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
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(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)

In this community 6 days, days last trip
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

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

(d) Street No. _____
(If rural, give location) Rural

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Wm Francis STAWFORD

3. (b) If veteran, name war _____

3. (c) Social Security No. 110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1940 hour 4 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6-2-40
_____, 19____, to 6-5-40, 19____;

that I last saw him alive on 6-5-40, 19____;
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

6. (a) Single, widowed, ~~married~~, divorced

6. (b) Name of husband or wife Ella

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 34 1852
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to _____ ?

Due to _____ ?

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

Major findings:
Of operations _____

Of autopsy _____

Duration 5-1-40

8. AGE: Years 87 Months 6 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired Farmer

11. Industry or business _____

12. Name Bird Crawford

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

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 _____

MOTHER FATHER

16. (a) Informant's own signature Mrs Tom Fox

(b) Address Clinton Mo

17. (a) burial (b) Date thereof 6-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cligist Mo

18. (a) Signature of funeral director CONSADW PECK

(b) Address Clinton Mo

19. (a) 6-8-40 (b) Dwight H. Hays
(Date received local registrar) (Registrar's signature)

23. Signature D. Swisher (M. D. or other) MD

Address Clinton Mo Date signed 6-5-40

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

J. E. Conzalez

Licensed Embalmer No. *1891*

P. O. Address *Chinton*

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.