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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42481

JAN 15 1941

Registration District No. 314 — Primary Registration District No. 4190 — Registrar's No. 30

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ 2 (Specify whether years, months or days)

In this community Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry

(c) City or town Stanberry MO (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.

3. (a) PRINT FULL NAME Mrs. Mabel Danford

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex H

5. Color or race W

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

6. (b) Name of husband or wife Sam P. Danford

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased NOV (Month) 9 (Day) 1879 (Year)

8. AGE: Years 61 Months 1 Days 6 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business at Home

FATHER
12. Name V. T. Williams
13. Birthplace ✓ (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Malinda Hatt
15. Birthplace Clonthus (City, town, or county) MO (State or foreign country)

16. (a) Informant Mr. S. P. Danford

(b) Address Stanberry MO

17. (a) Burial, cremation, or removal Stanberry MO (b) Date thereof 12-17-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry MO

18. (a) Signature of funeral director Leroy H. Phillips

(b) Address Stanberry MO

19. (a) 12/16/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1940 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from Dec 15, 1940, to Dec 15, 1940 that I last saw her alive on Dec 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Chr. Endocarditis + Chr. Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations

Of autopsy Farr

Duration

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? 286 (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Simpson (M. D. or other)

Address Stanberry Mo Date signed 12-18-40

(Licensed Embalmer's Statement on Reverse Side)

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 Leland F. Phillips

Licensed Embalmer No. 1898

P. O. Address Monterey Calif.

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.