FILED JUL 14 1941

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22378

State File No.

Registration District No. 655 Primary Registration District No. 5872 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Steele (Rural) Virginia
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Steele, (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Virginia Township 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jerry Glen Stanfield

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 23 (Day) 1938 (Year)

8. AGE: Years 3 Months 0 Days 14 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name B.H.Stafield
13. Birthplace Cerrogordo, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Iris Longacre
15. Birthplace Steele, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant B.H.Stanfield
(b) Address Steele, Mo. R.#.1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.8.41. (Month) (Day) (Year)
(c) Place: burial or cremation MtZoin Cemetery

18. (a) Signature of funeral director J.L.German 58
(b) Address Steele, Mo.

19. (a) 7-7-41 (Date received local registrar) (b) S. L. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1941 hour 3 am minute M.

21. I hereby certify that I attended the deceased from June 1, 1941 June 7th, 1941, to June 7, 1941 that I last saw him alive on on the 7th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Malaria and Jaundice

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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

23. Signature J. R. McDaniel (M. D., or other)
Address Steele Mo Date signed 10-41

(Licensed Embalmer's Statement on Reverse Side)

7-41-28

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.