S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34978

FILLED NOV 11 1941

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 860

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Rural R Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway 66 East about 23 Miles (Route 10)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2121 N. Milton 8
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert E. Stanfield

3. (b) If veteran, name war no

3. (c) Social Security No. 500-05-3395

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bertha Sneed

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased May (Month) 17 (Day) 1906 (Year)

8. AGE: Years 35 Months 5 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Taxi Driver

11. Industry or business

FATHER
12. Name Charles N. Stanfield
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Maggie Lawrence
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Wilbur Stanfield
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-28-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1941 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him dead on October 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death automobile accident — head crushed

Due to Car flipping on Pavement and crashed into ditch

Due to non collision

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) accident
(b) Date of occurrence October 26, 1941
(c) Where did injury occur? Near Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place in public place on U.S. Highway
(Specify type of place)
While at work? no (e) Means of injury automobile

23. Signature Jas. B. Benson Acting Coroner (M. Dvor other)
Address 16/22½ No. Robberson, Springfield, Missouri Date signed 10/28-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1949

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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, fact should be so stated above.