S. No. 2
-11-10-39
5-17-39
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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. 5647

FILED MAR 16 1942

Registration District No. 1-2-3-4 Primary Registration District No. 1002 Registrar's No. 991

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1216 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1216 Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? America years.

3. (a) PRINT FULL NAME: STANDEFORD, ARCHIE D
3. (b) If veteran, name war:
3. (c) Social Security No.: 487-01-8918
4. Sex: Male
5. Color or race: Wh
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: January (Month) 13 (Day) 1877 (Year)
8. AGE: 65 Years, Months 1, Days 23, If less than one day hr. min.
9. Birthplace: Viola (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Film operator
11. Industry or business: Business
12. FATHER Name: David S. Standeford
13. FATHER Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Elizabeth Smith
15. MOTHER Birthplace: Unknown (City, town, or country) (State or foreign country)
16. (a) Informant: Edwin D. Brooks
(b) Address: 1216 Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Sullivan
(b) Address: 6900 Troost KCMo
19. (a) 3-10-42 (Date received local registrar) (b) H. M. Rowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1942 hour 10 AM minute M.
21. I hereby certify that I attended the deceased from March 3 1942 to March 8 1942 that I last saw him alive on March 8th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure (Coronary Thrombosis)	
Due to: Hypertension	
Due to: gout	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: David S. Cowherd D.O. (M.D. or other)
Address: Bryant Bldg (500) Date signed: March 8 1942

361 (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 .....

Licensed Embalmer No. 2506

P. O. Address 6900 Troost

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.