

FILED JUN 4 1942

State File No. _____

Registration District No. 218

Primary Registration District No. 4135

Registrar's No. 63

1. PLACE OF DEATH

(a) County Cooper
(b) City or town Pilot Grove, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None - 1 -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 73 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town PILOT-GROVE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6
year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-23- 1942 to 5-6- 1942;
that I last saw him alive on 5-6- 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Mouth Duration 6 Mo.

Due to _____
Due to _____

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? _____

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

23. Signature J. O. B. [unclear] (M. D. or other) _____
Address Pilot Grove, Mo Date signed 5-7-42

3. (a) PRINT FULL NAME CRAIG-JAMES-STANFIELD

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Caroline Stanfield 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Judy 17-1856
(Month) (Day) (Year)

8. AGE: 85 years 9 Months 24 Days If less than one day hr. _____ min. _____

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

10. Usual occupation Farmhand

11. Industry or business Farming

12. Name John Stanfield

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

14. Maiden name Mary Roberts

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

16. (a) Informant Rosa M. Crummy

(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof 5-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo

18. (a) Signature of funeral director Jays [unclear]

(b) Address Pilot Grove, Mo

19. (a) May 7-42 (b) Dr. Chas. Swep
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-2-42

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 *Myself*

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. *3974*

P. O. Address *Pilot Grove, W.*

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.