No. 2
-11-10-39
5-17-39
1 X2 92

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1942

18668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 653 Primary Registration District No. 5864 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti-Tw Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 334 North Sarah (If rural, give location) 1

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

3. (a) PRINT FULL NAME Cecil Harmon Stanfill

3. (b) If veteran, name war ✓

3. (c) Social Security No. 499-12-7629

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 12 (Day) 1906 (Year)

8. AGE: Years 36 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Senath (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Barber

11. Industry or business Barber Shop

FATHER
12. Name Tom Stanfill
13. Birthplace Senath Mo (City, town, or county) 0 (State or foreign country)

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

16. (a) Informant R. O. Cunningham

(b) Address Cardwell Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell Mo.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayti Mo.

19. (a) 6-3-42 (Date received local registrar) (b) Mrs. A. G. Sherry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1942 hour 3.30 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull and internal injuries.

Due to being thrown from

Due to automobile driven by Denney Koonce.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

17 DC-4

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 19, 1942 079

(c) Where did injury occur? Rural (City or town) 61 highway (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway. (Specify type of place)

While at work? (e) Means of injury Auto 3

23. Signature Jules V. Moore (M. D. or other) Coroner

Address Hayti, Mo Date signed 5/19/42

(Licensed Embalmer's Statement on Reverse Side)

6-42-14

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 .....
Not Embalmed., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.