

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 228

FILED JUL 14 1942

Registration District No. 835

Primary Registration District No. 5727

Registrar's No. 572

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

1. PLACE OF DEATH:
Sucharan
(a) County Sucharan
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 9107 E. 66th St.
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Anthony Stafford
3. (b) If veteran, name war. No. _____ 3. (c) Social Security No. 491-09-0901

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1942 hour 11:50 minutes 0 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dolores Stafford 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Dearborn, Mo. March 14, 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3 1941 to June 2 1942
that I last saw him alive on Mar 26 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>2</u>	<u>18</u>	hr. min.

Immediate cause of death
Sodgkins disease
Duration _____

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

Due to ?
Due to ?

10. Usual occupation Supt.

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business Midcontinent Grain Co.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name John R. Stafford
13. Birthplace Dearborn Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Berta Wilkerson
15. Birthplace Dearborn Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dolores Stafford
(b) Address 9107 E. 66th St. Kansas City, Mo.

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? _____

17. (a) Burial (b) Date thereof June 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dearborn, Mo.

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

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave. St. Joseph, Mo.
19. (a) 6-3-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other)
Address 8719 S. Blvd Date signed 6/3/42

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 by 6/2/42

..... Registered Apprentice No.
working under my personal supervision.

Signed Emilia Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.