

No. 2
4-13-40
5-17-39
PI X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25620
State File No. _____

FILED AUG 10 1942

Registration District No. 374

Primary Registration District No. 6292

Registrar's No. _____

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

1. PLACE OF DEATH: *North*

(a) County: *North*

(b) City or town: *Danone Rural Allen Juss*
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: *North 113*

(a) State: *Missouri* (b) County: *North*

(c) City or town: *Denver*
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME: *MARCUS D. STANTON*

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

4. Sex: *M* 5. Color or race: *W* 6. (a) Single, widowed, married, divorced: *Widowed*

6. (b) Name of husband or wife: *Viola Stanton* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: *Jan 9 1876*
(Month) (Day) (Year)

8. AGE: Years *66* Months *4* Days *5* If less than one day _____ hr. _____ min.

9. Birthplace: *North Co Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Farmer*

11. Industry or business _____

12. Name: *Bonifant Stanton*

13. Birthplace: *Virginia*
(City, town, or county) (State or foreign country)

14. Maiden name: *unknown*

15. Birthplace: *VI*
(City, town, or county) (State or foreign country)

16. (a) Informant: *J.P. Brown*
(b) Address: *Denver Mo*

17. (a) *Burial* (b) Date thereof: *May 16 1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *St. Marys Chapel*

18. (a) Signature of funeral director: *James Brown*
(b) Address: *Denver 116*

19. (a) *July 6, 1942* (b) *Arlene Seadden*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *14* year *1942* hour *9* minute *30* A.M.

21. I hereby certify that I attended the deceased from *Aug 1938* to _____, 19____; that I last saw him alive on *May 6th* and that death occurred on the date and hour stated above. 19____

Immediate cause of death: *Acute Dilatation of Heart*

Due to: *Chronic Valvular Heart Disease*

Due to: _____

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

Major findings: *938*
Of operations:
Of autopsy:

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) _____

(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. H. Haily* (M. D. or other) *P.D.*
Address: *Denver Mo* Date signed: *6-1-42*

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2947

P. O. Address Dennis 116

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.