

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 18 1942

Registration District No. 18 21

Primary Registration District No. 5077 5084

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Rural Elkhart Twp  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years  
years, months or days)

8. (a) PRINT FULL NAME Virginia Caroline Stanfill

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Oliver Stanfill 6. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased: Sept (Month) 7 (Day) 1863 (Year)

8. AGE: Years 79 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unk (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name William McGuire

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

14. Maiden name Sarah

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

16. (a) Informant A. J. Stanfill

(b) Address Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Adam Howell

18. (a) Signature of funeral director Archer F. Mangold

(b) Address Amsterdam MO.

19. (a) 11-22-42 (Date received local registrar) (b) L. B. Mangold (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates  
(c) City or town \_\_\_\_\_ (If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1942 hour \_\_\_\_\_ minute 8:45 A.M.

21. I hereby certify that I attended the deceased from Sept. 1942 to November 22, 1942, that I last saw her alive on November 22, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Myocarditis

Due to Rheumatism + Arthritis  
Other conditions Cerebral Hemorrhage  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 W. H. Schubert (M. D., or other) D.O.  
Address Amoret Missouri Date signed 11-23-42

Duration  
30 yrs  
3 wks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

7  
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RECEIVED

District Health Officer No. 7,

District File Number 12-42-1364

Date Filed 12-16-42

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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

*L. A. Mangold*

Licensed Embalmer No.

3610

P. O. Address

Amsterdam Mo

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.