S. No. 2
DM—5-42
. 5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24830

FILED AUG 7 1943

Registration District No. 9

Primary Registration District No. 5378

Registrar's No. 130

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town King City Mo.R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 [illegible]
(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: 3

(a) State Mo. (b) County DeKalb.

(c) City or town King City R.R.
(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 0

3. (a) PRINT FULL NAME James Henry Stilfield.

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Male

5. Color or race Cau.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife L. Alice

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

7. Birth date of deceased April (Month) 3 (Day) 1864 (Year)

8. AGE: Years 79 Months 3 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business same.

FATHER
12. Name John K. Stilfield.
13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Clarence Stilfield.
(b) Address King CityM .R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7.15.1943. (Month) (Day) (Year)
(c) Place: burial or cremation Winslow Cem.

18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo.

19. (a) 7-17-43 (Date received local registrar) (b) C. M. Quigley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1943 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from July 1943 to July 13 1943 that I last saw him alive on July 13 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

83 a

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

23. Signature E. M. Reynolds (M. D. or other) 43
Address Union Star Mo Date signed 7-15

(Licensed Embalmer's Statement on Reverse Side)

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 C. P. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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, fact should be so stated above.