

FILED OCT 2 1943

Registration District No. **777**

Primary Registration District No. **3016**

Registrar's No. **194**

1. PLACE OF DEATH:

(a) County **Cole**  
(b) City or town **Jefferson City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1900 North Circle Drive**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether  
In this community **50 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**  
(c) City or town **Jefferson City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1900 North Circle Drive**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Esther M. Stanford**

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

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **J.A. Stanford**  
6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **July 4 1889**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>54</b>	<b>2</b>	<b>19</b>	hr. min.

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

10. Usual occupation **Registered Nurse**

11. Industry or business " " " "

12. Name **Daniel A. Slanker**  
13. Birthplace **Pa.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Holker**  
15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J.A. Stanford**  
(b) Address **Jefferson City, Missouri**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept-25-1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **River View Cemetery**  
18. (a) Signature of funeral director **Harold J. Gordin**  
(b) Address **Jefferson City, Missouri**  
19. (a) **9-24-43** (Date received local registrar) (b) **Christina Jackson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **23**  
year **1943** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Oct 18**, 1941, to **Sept 23**, 1943, and that I last saw her alive on **Sept 23** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial heart disease**  
**bronchopneumonia**  
**Removal medicine**  
Due to **Uncontrolled hypertension**  
**Removal medicine**

Duration  
**1 year 9 mo 9 da**

Other conditions (Include pregnancy within 3 months of death)

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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature **Delaine Stewart** (M. D. or other)  
Address **Jefferson City, Mo** Date signed **9/24/43**

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

MOTHER FATHER

26  
5  
4

481

1-5

19

DEPT. OF HEALTH

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 Louis Luest  
Licensed Embalmer No. 4096  
P. O. Address Jefferson City

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.