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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12359  
Registrar's No. 6

FILED MAR 18 1944

Registration District No. 222

Primary Registration District No. 6193

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

1. PLACE OF DEATH:  
(a) County Taney  
(b) City or town Rural - Oliver map  
(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:  
(a) State Missouri (b) County Taney  
(c) City or town Hollister Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS STAFFORD  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 8<sup>th</sup>  
year 1944 hour 8:45 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from Feb 8<sup>th</sup>  
8<sup>th</sup> 1944 to Feb 8<sup>th</sup> 1944  
that I last saw him alive on Feb 8<sup>th</sup>  
and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Hetty Stafford  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 8 - 1862  
(Month) (Day) (Year)

Immediate cause of death Myocardite  
Due to \_\_\_\_\_  
Duration 1 wk

8. AGE: Years 81 Months 7 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 9321

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

10. Usual occupation Farming

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

12. Name Don't know

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

14. Maiden name Don't know

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

16. (a) Informant Wm Stafford

(b) Address Branson, Mo.

17. (a) Burial (b) Date thereof Feb 9, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hollister Rur Cem

18. (a) Signature of funeral director P. O. Wheelchel

(b) Address Branson, Mo

19. (a) Feb 9, 44 (b) Mary Muller  
(Date received local registrar) (Registrar's signature)

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 Harry T. Evans (M. D. or other) M.D.  
Address Branson, Mo. Date signed 2/9/44

RECEIVED  
District Health Officer No. 6, 353  
District File Number 344-353  
Date Filed MAR 16 1944

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**