

S. No. 4-5-6-7  
5-17-39  
K32873

FILED DEC 9 1944  
Registration District No. 9 1944

Primary Registration District No. 3010

Registrar's No. 392

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
South east mo Hosp  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 4 hours  
(Specify whether years, months or days)

In this community 4 hrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lemmer 78

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 mi S.W. of Postageville  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME JAMES STAFFORD

(b) If veteran, name war ✓

(c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1944 hour 1 minute 20 A.M.

21: I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
(Day) (Year)

7. Birth date of deceased Aug 15 1928  
(Month) (Day) (Year)

Immediate cause of death  
Fracture of the Frontal Bone of the Skull

Due to Automobile Accident

Due to 8

8. AGE: Years 16 Months 3 Days 6 If less than one day hr. .... min.

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

10. Usual occupation Clerk

Other conditions (Include pregnancy within 3 months of death) 170 22

Major findings: Of operations .....  
Of autopsy .....

11. Industry or business Store

12. Name John Calvin Stafford

13. Birthplace Stoddard Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Whitty

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 078

(b) Date of occurrence Nov 20, 1944

(c) Where did injury occur Postageville New Madrid - Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Highway 61  
(Specify type of place)

While at work? no Means of injury Auto

16. (a) Informant Lester Stafford

(b) Address Postageville, Mo

17. (a) Burial (b) Date thereof 11-21-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Postageville Mo

18. (a) Signature of funeral director Nel C. Kram

(b) Address Postageville, Missouri

19. (a) 11-26-44 (b) H. W. Phelps  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

23. Signature DR. J. G. Leguire (M.D. or other) Cramer

Address Jackson, Mo Date signed 11/21/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 12-44-4665  
Date Filed 12-7-44

DEC 13 1944

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

*Noel C. Dean*

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.