

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN 19 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3920

1. PLACE OF DEATH

County Worth

Registration District No. 374

Township Allen

Primary Registration District No. 6912

City 1 (No. 1)

St. Mo. Ward

2. FULL NAME RILDA STANTON

(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noble Stanton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 74 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Worth Mo (STATE OR COUNTRY)

13. NAME John Barnes

14. BIRTHPLACE (CITY OR TOWN) Worth Mo (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Harmon

16. BIRTHPLACE (CITY OR TOWN) Worth Mo (STATE OR COUNTRY)

17. INFORMANT Kate Eaton (ADDRESS) Denver Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Prave Chapel DATE Oct 8 1944

19. UNDERTAKER Brant Bros (ADDRESS) Denver Mo

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1944

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1944 to Oct 2 1944

I last saw him alive on Oct 1 1944 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Vital degeneration of heart Date of onset 2/4

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Physician's report Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. H. H., M. D.

(Address) Brant City Mo

Body no-embalmed
JL Brann
L.C. # 2447

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 374

Primary Registration District No. 6272

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Worth
(b) City or town allen
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Rilda Stanton

3. (b) If veteran, _____ 3. (c) Social Security _____
name war _____ No. _____

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

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

7. Birth date of deceased Jan 25
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days no less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

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

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) Mayme Puchart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ after on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

- Due to _____

- Due to _____

- 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 _____ (M. D. or other) _____

- Address _____ Date signed _____

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

SUPPLEMENTARY

3920