U. S. No. 2
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Rev. 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. 6095

FILED FEB 16 1945

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 11

38
3
0

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

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: 719 N. Elm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community (practically) life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry

(c) City or town Stanberry 39 (If outside city or town limits, write "RURAL")

(d) Street No. 719 N. Elm 3 (If rural, give location) 0

(e) Citizen of foreign country? ON (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr Samuel Philip Danford

3. (b) If veteran, name war ✓

3. (c) Social Security No. 495-01-9544

4. Sex Male

5. Color or race W

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

6. (b) Name of ~~husband or~~ wife Mrs Mabel Danford

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

7. Birth date of deceased Apr (Month) 25 (Day) 1874 (Year)

8. AGE: Years 70 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Zanesville (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Commercial Traveller

11. Industry or business Wholesale Gro. Salesman

FATHER
12. Name Homer S. Danford
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth McWilliams
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Miss Virginia Lee Danford

(b) Address 719 N. Elm Stanberry

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 1-23-1945 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Stanberry MO

18. (a) Signature of funeral director Laton H. Phillips

(b) Address Stanberry MO

19. (a) Feby 2-1945 (Date received local registrar) (b) Homer W. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1945 hour about 7 minute A M.

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

Immediate cause of death Cerebral Hemorrhage unknown

Due to

Due to Found dead at home dead about 2 days.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

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

(b) Date of occurrence Jan 21-1945

(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 Cooper

23. Signature Charles N Williamson D.O. (M. D. or other)

Address Gentry Mo Date signed 1-27-45

1108

(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 Latoy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry Md

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.