

FILED MAR 15 1946

State File No. \_\_\_\_\_

Registration District No. 184

Primary Registration District No. 4299

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Bucklin  
(If outside city or town limits, write "RURAL" and name of township)  
(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 11 mos years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn  
(c) City or town Bucklin  
(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 FLORENCE MAY STANFIELD

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

4. Sex F. m! 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased Mar 10, 1945  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 11 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER  
12. Name Carl Stanfield  
13. Birthplace New Cambria Mo. O  
(City, town, or county) (State or foreign country)  
14. Maiden name Maude Craig  
15. Birthplace Purton Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Stanfield  
(b) Address Bucklin Mo.

17. (a) Burial (b) Date thereof Feb. 21, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Massin Cem.

18. (a) Signature of funeral director Farley Funeral Service  
(b) Address Bucklin Mo.

19. (a) Feb. 20, 1946 (b) Walter B. Erwin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20  
year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Called as Coroner, 19\_\_\_\_, 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Bronchopneumonia  
According to informants  
Due to given by family

Duration

?

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 107

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 Dale Bunch (M. D. or other) \_\_\_\_\_  
Address Marceline Mo Date signed 2/20/46

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

5350

DISTRICT HEALTH OFFICE  
COLUMBIA, Md.

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 <sup>not</sup>.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *C. A. Larson*

P. O. Address *4037*  
*Bucklin, 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.