

S. No. 2
M-5-43
v. 5-17-39
1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17028

FILED MAY 22 1946

Registration District No. 36 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: 1 day
In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 326 Winfield
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Walter Harris Stafford
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23 year 1946 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 1st to April 23, 1946

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: Anna Stafford
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: August 7 1879

that I last saw h. alive on and that death occurred on the date and hour stated above
Immediate cause of death: Coronary occlusion
Duration

8. AGE: Years 66 Months 8 Days 16 If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 5 months of death)

9. Birthplace: Oronogo Missouri
10. Usual occupation: Groceryman

PHYSICIAN
Major findings: Of operations
Of autopsy

MOTHER FATHER

11. Industry or business
12. Name: Eli Stafford
13. Birthplace: Unknown
14. Maiden name: Jane Ferguson
15. Birthplace: Ohio

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

16. (a) Informant: Mrs. Anna Stafford
(b) Address: 326 Winfield, Joplin, Mo.
17. (a) Burial (b) Date thereof: April 25, 1946
(c) Place: burial or cremation: Webb City Cemetery, W. C., Mo.

(c) 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

18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 5-10-46 (b) Ed [Signature] (c) Registrar's signature

23. Signature: V.E. [Signature] (M. D. or other) [Signature]
Address: 361 [Signature] Pldy Date signed: 4-24-46

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

9
2

49
5

138

46-4-368

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 *F. M. Jones*
Licensed Embalmer No. *2319*
P. O. Address *Joplin 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.