

No. 2
-8-43
5-17-39
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FILED JUN 20 1946

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
427 N. Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 427 N. Jefferson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Williard Delno Stanford

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Stanford 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June 1, 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Engineer

11. Industry or business Railroad

12. Name James L. Stanford

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Laura Mossman

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

16. (a) Informant Mrs. Williard Stanford

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof June 6, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Nichols

(b) Address Mexico, Mo.

19. (a) June 6, 1946 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 1 minute 46 A.M.

21. I hereby certify that I attended the deceased from June 1
1946, to June 4, 1946;
that I last saw him alive on June 3, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of the liver. Duration 6 weeks.

Due to Carcinoma of sigmoid colon. 1 yr.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 469

Major findings: Carcinoma of sigmoid.
Of operations Colostomy performed.
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 2

23. Signature Dr. H. K. Swan (M.D. or other) 620

Address 1025 W. Save St Date signed 6/4/46

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

MOTHER FATHER

JUN 20 1946

AUG 2 1946

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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P.O. Address Mexico, 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.