

FILED DEC 23 1946

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 7 Years
years, months or days)

3. (a) PRINT FULL NAME Margaret Ellen Stafford

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

4. Sex Female 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 Oct 31, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation School Teacher (Retired)

11. Industry or business None

12. Name John L. Stafford

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

14. Maiden name Sarah Pruden

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

16. (a) Informant Mrs. E. W. Friend

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof 11/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Primo Funeral Home

(b) Address Maryville Missouri

19. (a) Dec 5-46 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 410 West Fifth 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th
year 1946 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from San Park
2 years 1944 to Nov 10 1946
that I last saw her alive on Nov. 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Acute Cardiac Dilatation + Pulmonary Edema
Cardio-Vascular Renal
Disease + severe edema

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature W.P. Jackson (M. D. or other) _____

Address Maryville, Mo. Date signed 11-12-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cambridge, MA

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.....

W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Marville

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.