

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3714**

Registration District No. **353**

Primary Registration District No. **6196**

Registrar's No. **2**

1. PLACE OF DEATH:
(a) County **Texas**
(b) City or town **Central, Texas**
(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, **all his life**
In this community **all his life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Texas 107**
(c) City or town **Central**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **PETA MAE STAYTON**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **—**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **17**
year **1947** hour **4 PM** minute **—** M.
21. I hereby certify that I attended the deceased from **Nov 1946** to **Jan 17 1947**
that I last saw him alive on **Dec. '23' 1946**
and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **—**
6. (c) Age of husband or wife if alive **4** years
7. Birth date of deceased: **Nov 7 1946**
(Month) (Day) (Year)

Immediate cause of death: **Albinism** Duration **—**
renal insufficiency
Etiologic

8. AGE: Years **2** Months **10** Days **—** If less than one day **—** hr. **—** min.

9. Birthplace: **Ficking** (City, town, or county) **20000** (State or foreign country)

10. Usual occupation: **—**

11. Industry or business: **—**

MOTHER FATHER
12. Name: **GLEN B. STAYTON**
13. Birthplace: **Dawson 1069**
14. Maiden name: **DELIA GARCISSEY**
15. Birthplace: **Ficking Mo**

Other conditions (include pregnancy within 3 months of death)
Major findings: **130**
Of operations:
Of autopsy:
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: **She Stayton**
(b) Address: **Ficking**
17. (a) Burial, cremation, or removal: **burial** **(b) Date thereof:** **Jan 18 1947**
(c) Place: burial or cremation: **Williams Cemetery**

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) (Specify means of injury)

18. (a) Signature of funeral director: **Smith**
(b) Address: **Ficking Mo**
19. (a) Date received local registrar: **Jan. 21 1947** **(b) Registrar's signature:** **Edwara Neese**

23. Signature: **—** **(M. D. or other)**
Address: **—** **Date signed:** **1/18/47**

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

RECEIVED

District No. _____

District File Number: 24767

Date Filed 2/10/47

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.....

Not Emb.

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

working under my personal supervision.

Signed *Ernest E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Licking MS*

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.