

No. 2
M-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5192
Registrar's No. 31

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 108 Fulton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 Years (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Fulton St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Frank STAFFORD

3. (b) If veteran, name war No

3. (c) Social Security No No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 18 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Jasper County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Radiator Repairman

11. Industry or business

12. Name Dave Stafford

13. Birthplace Rush County Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Hendrickson

15. Birthplace Derborn County Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. J. Hockett

(b) Address 710 Cedar St. Carthage, Mo.

17. (a) Burial (b) Date thereof 2 13 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 2-14-47 (b) R. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th.
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 19... to 19...
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy
94H

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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?

(Specify type of place) While at work? (e) Means of injury
23. Signature D. W. Duffell (M. D. or other) B.E.
Address 2114 Joplin St. Date signed 2/13/47

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

MOTHER FATHER

137

(Licensed Embalmer's Statement on Reverse Side)

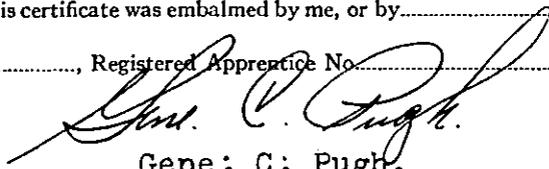
Coroner Jasper County

47-2-107

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..... .....
Gene C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.