V. S. No. 2
30M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12143

Registration District No. 340 | Primary Registration District No. 4503 | Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Bernie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Bernie
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

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3. (a) PRINT FULL NAME: Inez-Lettie Stanfield
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: married
6. (b) Name of husband or wife: Henry Stanfield
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: January (Month) 18 (Day) 1900 (Year)

8. AGE: Years 47 | Months 1 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: Stoddard Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: house wife
11. Industry or business: 1

MOTHER FATHER
12. Name: Kinchen Ross Pyle
13. Birthplace: White Co (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Ida Bell Baker
15. Birthplace: White Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mitchell Stanfield
(b) Address: Bernie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bernie Cemetery
18. (a) Signature of funeral director: Robert E. Drum
(b) Address: Bernie Mo.
19. (a) 3/20-47 (Date received local registrar) (b) Lottie Jeffreed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 3, 1945, to Feb. 26, 1947; that I last saw her alive on February 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis	1 yr.

Major findings:
Of operations: 10
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? (Specify type of place)
While at work? (c) Means of injury 21

23. Signature: F. O. Kelley M.D. (M.D. or other)
Address: Bernie Mo. Date signed 3-11-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Filing No. 2
[illegible] Number 347-417
Date Filed 3-24-47

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.....

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

working under my personal supervision.

Signed J. G. Schaumann

Licensed Embalmer No. 4086

P. O. Address Madison 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.