S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12627

Registration District No. 43 Primary Registration District No. 5136 Registrar's No. 148

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RTE #1 HARVIELL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Beaver Dam Twp. (Specify whether
In this community 6 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BUTLER 12
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RTE #1 HARVIELL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE W. STANTON.
3. (b) If veteran, name war
3. (c) Social Security No. 494-07-5689
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CARRIE STANTON
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased JULY (Month) 3 (Day) 1895 (Year)

8. AGE: Years 51 Months 8 Days 29 If less than one day hr. min.

9. Birthplace LOGANSPORT (City, town, or county) IND. (State or foreign country)
10. Usual occupation INSURANCE SALESMAN
11. Industry or business MO. HOME LIFE INS. CO
FATHER
12. Name WILLIAM R. STANTON
13. Birthplace LOGANSPORT (City, town, or county) IND (State or foreign country)
MOTHER
14. Maiden name MARY ANN THOMPSON
15. Birthplace LOGANSPORT (City, town, or county) IND (State or foreign country)
16. (a) Informant Carrie Stanton
(b) Address Harviell, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Kinzie Cem.
18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.
19. (a) 4-10-47 (Date received local registrar) (b) R H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month APRIL day 1st year 1947 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) NO
(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 Grover W. Greer, Coroner (M. D. or other)
Address By Lou Clark, Ach. Co. Date signed 4/1/47
Poplar Bluff, Mo.

35 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 449-585
Date Filed 4-14-47

APR 28 1947

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 Duncan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.