

S. No. 2  
M-8-13  
5-17-39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16685**

FILED JUN 2 1947  
43

Primary Registration District No. **5142**

Registrar's No. **206**

1. PLACE OF DEATH:  
(a) County **Butler**  
(b) City or town **rural Neelyville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**State line So. of Neelyville**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NEELY Twp.**  
(Specify whether  
In this community **5 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Butler** **120**  
(c) City or town **rural** **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **0**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Henry B. Stanford**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** **2** 5. Color or race **colored**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Delilia**  
6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **June 16 1891**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>10</b>	<b>15</b>	_____ hr. _____ min.

9. Birthplace **Vicksburg Miss.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Johnson Stanford**  
13. Birthplace **Vicksburg Miss.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Delia Stanford**  
(b) Address **Neelyville, Mo.**

17. (a) **Burial** (b) Date thereof **May 5, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Neelyville, Mo.**  
**Minnie Gish**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **Naylor, Mo.**

19. (a) **5/14/47** (b) **PH Minister**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**  
year **1947** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 29, 1947** to **May 2, 1947**  
that I last saw him alive on **May 2, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **labor pneumonia**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **none**  
(Include pregnancy within 3 months of death)  
Major findings: **no**  
Of operations **no**  
Of autopsy **no**

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)  
(c) Means of injury **0**  
Signature **Stanford** (M. D. or other) **med**  
Address **Naylor Mo** Date signed **5/10/47**

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

AUG 11 1948

RECEIVED

District Health Office No. 2

District File Number 547-762

Date Filed 5-27-47

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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 *Dwight McCord*.....

Licensed Embalmer No. 4079.....

P. O. Address *Naylor 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.**