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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1947
Registration District No. 44

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 4061

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 yrs (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Braymer 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Nova Stanberry

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Merlin Stanberry 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 5th, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1947 hour 11 minute 30 A.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.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation retired

Major findings:
Of operations _____

Of autopsy 94A

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Martin Stanberry 9

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Emmerline

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ward Stanberry

(b) Address Braymer, Mo 4

17. (a) Burial (b) Date thereof 8-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braymer Evergreen Cem

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? _____

18. (a) Signature of funeral director Demand Mead

(b) Address Braymer, Missouri

19. (a) _____ (b) Mrs. Nell B Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Liamer Clark (M. D. or other) 3
Address Livingston, Mo Date signed 8/12-47

8-27-47

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Donald J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Praymet, 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.