V. S. No. 2
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ev. 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. 38545

FILED DEC 9 1947

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 345

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 924 Glenwood 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MRS. DORA MAY STANFIELD

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Luther G. Stanfield

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct. 14, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	5	hr. min.

9. Birthplace Summersville, Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name unknown, Gossett 9
13. Birthplace unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Jones 9
15. Birthplace unkonwn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Luther G. Stanfield 1

(b) Address 924 Glenwood, K. C. 3, Mo.

17. (a) burial (b) Date thereof 11/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director Geo C Carson

(b) Address Independence, Mo.

19. (a) 11-22-47 (b) James L Craig
(Date received local registrar) (Registrar's signature) D. S. 11

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 19
year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from November 16, 1947 to November 19 1947
that I last saw her alive on November 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	8 years
Due to	
Due to	
Other conditions Hemiplegia, from Cerebral Hemorrhage 2 yrs	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No 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? (e) Means of injury O

23. Signature C. H. Allen M.D. (M.D. or other)
Address Independence Mo Date signed 11/20/47

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 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 William H. Schlanker, Registered Apprentice No. 439, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.