S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15131 Keethler

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 326

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

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Scotland
(c) City or town Memphis 99
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis W. Stanfield
3. (b) If veteran, name war ✓
3. (c) Social Security No. 482-05-8481-a
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hollie Stanfield
(c) Age of husband or wife if alive 66 years
7. Birth date of deceased Mar 5 1876 (Month) (Day) (Year)
8. AGE: Years 72 Months 1 Days 13 If less than one day hr. min.
9. Birthplace Le Grand (City, town, or county) Ia (State or foreign country)
10. Usual occupation Employee of the Iowa Electric Co
11. Industry or business Foreman of Timber Dept.
MOTHER FATHER
12. Name Francis M Stanfield
13. Birthplace Ohio (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 Hollie Stanfield
(b) Address Memphis
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Tama Iowa
18. (a) Signature of funeral director Seth H Basket
(b) Address Memphis, Mo.
19. (a) 4/19/1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18 year 48 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 10, 1944 to April 18, 1948 that I last saw him alive on April 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cancer of Liver — 3 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (e) Means of injury

23. Signature A. M. Keethler (M. D. or other)
Address Memphis, Mo. Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1948
JUN 17 1948

RECEIVED
District Health Officer No. 10
District File Number 4:48:261
Date Filed APR 26 1948

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis 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.