

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16155  
Registrar's No. 9

Registration District No. 140

Primary Registration District No. 4229

15  
3  
0

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town New Franklin Mo.  
(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 \_\_\_\_\_ (Specify whether years, months or days) 13 years

In this community \_\_\_\_\_ (Specify whether years, months or days)

3: (a) PRINT FULL NAME SUSIE ANN STAFFORD

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Sept. 10 - 1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Callaway Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: at home

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

12. Name: Henry Stokes

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

14. Maiden name: Ann Bailey

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

16. (a) Informant: Mrs. Ruby Bowman

(b) Address: New Franklin Mo.

17. (a) Removal (b) Date thereof: 5/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Moham Mo.

18. (a) Signature of funeral director: L. S. Hummer

(b) Address: New Franklin Mo.

19. (a) 5-5-48 (Date received from registrar) Mrs. Lee Bowman (Registrar's signature) 11/2/48

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard 45

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

(d) Street No. 110 Boggs Ave. 0  
(If please give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1948 hour 60 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 19, 1948, to May 4, 1948 and that last saw her alive on May 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture Femur neck (Left) 2 1/2 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: myocarditis

Of operations \_\_\_\_\_

Of autopsy: 1/10

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) accident 45

(b) Date of occurrence: Feb 19 - 1948

(c) Where did injury occur? New Franklin Howard Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: Fall

23. Signature: L. S. Chamberlain (M. D. or other) 0

Address: New Franklin Date signed: 5-5-48

RECEIVED

District Health

No. 8,

District File Number

Date Filed

5-21-48

**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 W. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.**