

STATE OF FLORIDA

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

FL

State Board of Health
Bureau of Vital StatisticsCERTIFICATE OF DEATH
FLORIDAState File No. 23384
Registrar's No. 234

1. PLACE OF DEATH:				2. USUAL RESIDENCE OF DECEASED			
(a) County <u>Bay</u>		District No. <u>3-01</u>		(a) State <u>Florida</u>		(b) County <u>Bay</u>	
(b) Precinct _____		Precinct No. _____		(c) City or Town <u>Millville</u>		(If outside city or town limits, write RURAL)	
(c) City or Town <u>Panama City, Florida</u>		City or Town No. <u>3511</u>		(d) Street No. _____		(If rural, give location)	
(d) Name of hospital or institution <u>Lisenby Hospital</u>				(e) Citizen of Foreign country? <u>NO</u>			
(If not in hospital or institution, write street number or location)				yes or no			
(e) Length of stay: In hospital or institution _____				If yes, name country _____			
At place of death _____				(Specify whether years, months or days)			
3. FULL NAME OF DECEASED <u>WILLIAM CAVARSO STANLEY</u>							
3 (a) If veteran, name war _____				3 (b) Social Security No. <u>None</u>			
4. Sex <u>Male</u>				5. Color or race <u>White</u>			
6. Single, married, widowed or divorced <u>Married</u>							
6 (a) If married, widowed or divorced, husband of (or) wife of <u>Effie Stanley</u>							
6 (b) Age of husband or wife, if alive <u>68</u> years							
7. Birth date of deceased <u>Sept. 2 1864</u>							
(month) (day) (year)							
8. Age: Years _____ Months _____ Days _____				If less than one day _____ hrs. _____ min.			
9. Birthplace <u>Houston County, Alabama</u>				(City, town or county) (State or foreign country)			
10. Usual occupation <u>Retired Timber Cruiser</u>							
11. Industry or business _____							
12. Name <u>John Stanley</u>							
13. Birthplace <u>Dk.</u>							
14. Maiden name <u>Mallisa Ann Stanley</u>							
15. Birthplace <u>Dk.</u>							
16. Informant's Signature <u>W. B. Stanley</u>							
16 (a) Address <u>P.O. Box 937 - Millville, Fla.</u>							
17. Burial, cremation or removal? <u>Burial</u>							
17 (a) Date <u>12-24-46</u>				17 (b) Place <u>Millville Cemetery</u>			
18. Funeral Director's Signature <u>A. H. Drake</u>							
18 (a) Address <u>Panama City, Florida</u>							
19. Filed <u>1-7 1947</u>				20. Date of Death: Month <u>Dec</u> Day <u>22</u> Year <u>1946</u> Hour <u>7</u> Minute <u>30</u> P. M.			
21. I hereby certify that I attended the deceased from <u>Nov. 10 1946</u> to <u>Dec 22 1946</u> ; that I last saw him alive on <u>Dec 19 1946</u> ; and that death occurred on the date and hour stated above.				Duration <u>4-5 min.</u>			
Immediate cause of death <u>Ch. Myocarditis</u>							
Due to <u>Sepsis</u>							
Due to _____							
Other conditions (Include pregnancy within 3 months of death) _____							
Major findings: _____				Underline the cause to which death should be charged statistically.			
(Give date of operation) _____							
of autopsy _____							
22. If death was due to external causes, fill in the following:							
(a) (Probably) Accident, suicide, 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)							
(e) While at work? _____ Means of injury _____							
23. Signature <u>A. H. Drake</u> M. D.							
(a) Address <u>Panama City</u> Date Signed <u>12/24/46</u>							

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED


, State Registrar

Date Issued: June 08, 2017

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 3 6 3 8 4 6 6 8 *

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

