

REC'D DEC 19 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

39320

Do not use this space.

## 1. PLACE OF DEATH

(a) County Howard Registration District No. 378  
 (b) Township Boone Township Primary Registration District No. 5527  
 (c) City Boone (d) Street No. 5527 Registered No. 674  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dora Stockwell

(a) Residence, No. R. F. D. Hirbee Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Stockwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 8 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo13. NAME William Bruce14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Catherine Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT J. Stockwell  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE at Pleasant Mo DATE Dec 2 193819. FUNERAL DIRECTOR Joe W. Burton  
(ADDRESS) Hirbee Mo20. FILED Dec 8 1938 H. O. Bonham  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-26 1938 to 11-27 1938  
 I last saw him alive on 11-27 1938 Death is said to have occurred on the date stated above, at 6 a.m.  
 The principal cause of death and related causes of importance were as follows:

H. B. Lungs about 1-1937  
 Date of onset 1-1937

Other contributory causes of importance:

pulmonary hemorrhage  
11-27-38

Name of operation Hemorrhage Date of 11-27-38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury 1938  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) H. H. Gullett M. D.  
 (Address) Harrisburg Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12/12/38

STATEMENT BY LICENSED EMBALMER

I, L. J. Meister, Licensed Embalmer No. #4737  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. J. Meister  
L. E.  
No. 4737 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed L. J. Meister  
Licensed Embalmer No. #4737

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.)