DEC'd DEC 16 1938

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

40577
Do not use this space.

1. PLACE OF DEATH
(a) County Texas 2 Registration District No. 863
(b) Township Piney 1 Primary Registration District No. 6137 Registered No. 26
(c) City Houston Mo. (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 323 Lois May Stockstill
(a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23d, 1938
7. AGE YEARS --- MONTHS 8 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -------
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) Houston Mo. 0

FATHER
13. NAME Hank Halley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Mo 0

MOTHER
15. MAIDEN NAME Mayy Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo.

17. INFORMANT (ADDRESS) May Ward Stockstill -

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Dec. 3d, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G V Elliott Houston

20. FILED 12/3/38 19 J R Pomack Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2/38 19

22. I HEREBY CERTIFY, That I attended deceased from 12/3/38, 19..., to 12/2/38, 19...
I last saw h. E. alive on 12/2/38, 19..... Death is said to have occurred on the date stated above, at 4-30 P.M.
The principal cause of death and related causes of importance were as follows:

Double Pneumonia
Labor

Date of onset

10 8

Other contributory causes of importance:

Name of operation ..... Date of .....
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 ....., 19.....
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) J R Pomack, M. D.
789 (Address) Houston Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.