

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

10982
 Do not use this space.

REC'D APR 13 1939

1. PLACE OF DEATH

(a) County Holt Registration District No. 3
 (b) Township Lewis Primary Registration District No. 373
 (c) City Lewis (d) Street No. Holt Co. Infirmary Registered No. 8
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 324 Willard Stoddard St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Gen. farming
 10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County Missouri

FATHER 13. NAME John Stockwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Sarah Avery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Clara Stockwell
Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty Am. Mound City Mo. DATE 3-28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pittsicher Funeral Home
Oregon Mo.

20. FILED March 28, 1939 Ralph C. Moore
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st 1937, to Mar 27 1939
 I last saw him alive on Mar 26 1939. Death is said to have occurred on the date stated above, at 2:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Spinal Muscular atrophy Date of onset 2/1
 Other contributory causes of importance: arteriosclerosis

Name of operation Chloroform Date of Chloroform
 What test confirmed diagnosis? Chloroform Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Chloroform Date of injury 3-28 1939
 Where did injury occur? Chloroform (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Chloroform
 Manner of injury Chloroform
 Nature of injury Chloroform

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify No
 (Signed) John C. Moore, M. D.
 (Address) 324 Willard St. Mound City Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-1939 I X16603

District File No. 11,
District File Number 39-348
Date Filed **APR 12 1939**

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 James H. Pettijohn
Licensed Embalmer No. 3192
P. O. Address Oregon, 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, above space should be left blank.