

No. 2
-10-39
7-39
X21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7630

Registration District No. 651

Primary Registration District No. 4388

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Deming
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Scott Alley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) life

3. (a) PRINT FULL NAME George Stokes
3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased about 55 unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 55 hr. min

9. Birthplace unknown (City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business _____

12. Name John Armstrong

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

14. Maiden name Margaret Stokes

15. Birthplace Caruthersville, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ella Armstrong

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 1-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director H. H. Smith
(b) Address Caruthersville, Mo. 65

19. (a) Jan 29, 1940 (b) Ella Martin 58
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25
year 40 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1-20, 1940 to 1-25, 1940
that I last saw him alive on 1-24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Jabor Cardio-Renal & Vascular Disease

Due to disuse Duration ?
Due to _____
Other conditions 171
(include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) _____
(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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature P. J. Agnew (M. D. or other) ✓
Address Caruthersville, Mo. Date signed 1-27-40

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

28-2-40

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.