

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 201 Primary Registration District No. 5280

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Chandler
(c) Name of hospital or institution: County Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years
In this community all his life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Rowen L. Stockham

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 13 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Inmate of County Home

11. Industry or business _____

12. Name Joseph Stockham

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

14. Maiden name Jessie Morgan (City, town or county) (State or foreign country)

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

16. (a) Informant's own signature Thos. Masten

(b) Address Rt 2 Liberty, Mo.

17. (a) Burial (b) Date thereof Sept 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rebo. Hill Church

18. (a) Signature of funeral director Chas. W. Wether
(b) Address Liberty, Mo.

19. (a) Sept. 27-1940 (b) Helen Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1940 hour 10 minute — P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Sept 26, 1940
that I last saw him alive on Sept 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic R. Coronary Artery 2 mi. Coronary Heart Disease
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 44%

Major findings: Of operations _____
Of autopsy _____

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? 94%

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

23. Signature Burton M. Matthe (M. D. or other) _____
Address Liberty, Mo. Date signed 27-9-40

Duration

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

RECEIVED
District Health Officer No. 8,
District File Number 10-14-40
Date Filed

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 Edgar Archer.....

Licensed Embalmer No. 2311.....

P. O. Address Lynch, 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.