

1940 OCT 23 1940

Registration District No. _____ Primary Registration District No. **535** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Dade** Route **Star 2**
(b) City or town **Greenfield, Mo. Polk TWS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____
In this community **40** years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**
(c) City or town **Greenfield, Mo. Star #2**
(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.

3. (a) PRINT FULL NAME **Cora Florence Stockton.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Husband A.J. Stockton** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Janias 09. 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	9	23	hr. _____ min.

9. Birthplace **Douglas Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeping**

11. Industry or business _____

12. Name **Jim Givans**

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

14. Maiden name **America McClain**
(City, town, or county) (State or foreign country)

15. Birthplace **Dade Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **A.J. Stockton**

(b) Address **Greenfield, Mo. Star 2**

17. (a) **Burial** (b) Date thereof **Oct. 7, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Denny Cem. Douglas Co.**

18. (a) Signature of funeral director **J.W. Ward**

(b) Address **Greenfield, Mo**

19. (a) _____ (b) **Morris Miller**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **5**
year **1940** hour **6** minute **30** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral hemorrhage -

Due to _____

Due to _____

Other conditions **Arterial Sclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? **21%**

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

23. Signature **J.W. Ward** (M.D. or other) **Coroner**

Address **Greenfield, Mo** Date signed **10-6-40**

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.

RECEIVED

District Health Officer No. 0,

District File Number 7040-2768

Date Filed OCT 21 1940

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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, N.H.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **31858**

Registration District No. **235**

Primary Registration District No. **0322**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Dade**
(b) City or town **Park Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Cora Florence Stockton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

63 9 23

hr. min.

9. Birthplace _____

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **M**

(b) Address _____

19. (a) **Nov 22 1940** (b) _____

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

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year **1940** hour _____ minute _____ M.

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Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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(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) (e) Means of injury _____

23. Signature **Geo Ward** (M. D. or other) _____

Address **Greenfield, Mo** Date signed _____

SUPPLEMENTARY

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

