No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 2 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36105

Registration District No. ..... Primary Registration District No. 722 - 5953 Registrar's No. 5953

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Richland Twp Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ Rural Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether)

In this community life 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam

(c) City or town Unionville Rural
(If outside city or town limits write "RURAL")

(d) Street No. ✓
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Helen M. 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 S

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 7 (Month) 2 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	1	27	hr. ..... min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation None 0

11. Industry or business 1

FATHER
12. Name Henry Stockton
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Laughlin
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Henry Stockton
(b) Address Unionville

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 8-31-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Thompson

18. (a) Signature of funeral director F. O. Husted & Son
(b) Address Unionville Mo.

19. (a) ..... (Date received local registrar) (b) Eunice Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 29 day ..... year 1940 hour 1030 minute A. M.

21. I hereby certify that I attended the deceased from 1937 ....., 19..., to Aug-29-1940 that I last saw her alive on Aug-24-1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 0	

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

23. Signature D. H. Hart (M. D. [illegible]) 1
Address Centralia Mo Sept 5

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2062
Date Filed NOV 8 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 Merl E. Hustel

Licensed Embalmer No. 3304

P. O. Address Unionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.