

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

Registration District No. 73 Primary Registration District No. 3006 State File No. _____ Registrar's No. 95

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution White Consoling Home 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
 (Specify whether _____)
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANN MARY Stockton
 (b) If veteran, name war NO
 (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 8th
 year 1941 hour _____ minute 17 M.
 21. I hereby certify that I attended the deceased from Feb-5-
1941 to Apr-8- 1941
 that I last saw her alive on Apr-6- 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife James T Stockton
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 14 1856
 (Month) (Day) (Year)

Immediate cause of death myocarditis
 Duration _____

8. AGE: Years 84 Months 7 Days 24
 If less than one day _____ hr. _____ min.

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

9. Birthplace Frankfort Kentucky
 (City, town, or county) (State or foreign country)
 10. Usual occupation House wife

Major findings: Of operations none
 Of autopsy none
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 MOTHER FATHER { 12. Name AMOS BARRLEY
 13. Birthplace DK Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name MINERVA ROBERTS
 15. Birthplace MISSOURI
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Ed Brady
 (b) Address Wichita, Kansas
 17. (a) BURIAL (b) Date thereof Apr. 9, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union-Hallsville
 (Specify type of place)
 23. Signature F.C. Suggitt (M. D. number) 0
 Address Columbia Date signed 4/8/41

18. (a) Signature of funeral director R.O. Willett
 (b) Address Columbia, Mo.
 19. (a) 4/8/41 (b) Albie Selby
 (Date received local registrar) (Registrar's signature)

9781

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.....

Rowlett

Licensed Embalmer No..... *3183*

P. O. Address..... *Columbias, 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, fact should be so stated above.

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(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 _____
years, months or days

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) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ann Mary Stockton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Apr day 8
year _____ hour _____ minute _____ M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
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)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that the death occurred on the date and hour stated above.
Immediate cause of death myocarditis

8. AGE: Years Months Days If less than one day
84 7 24 _____ min.

Due to _____
Due to _____ 12/8

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

10. Usual occupation _____

11. Industry or business _____

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 _____
(b) Address _____

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

Other conditions uremia
(Include pregnancy within 3 months of death)
following chronic nephritis
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? _____

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

23. Signature F.C. Suggitt (M. D. certificate)
Address Columbia Date signed 4-20-41

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

SUPPLEMENTAL

S-13870