

No. 2
-13-40
-17-39
X23159

MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14435**

Registration District No. **289**

Primary Registration District No. **4173**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community Life years, months or days

3. (a) PRINT FULL NAME: Luther Barnett Stokes

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

4. Sex Male

5. Color or race Blk

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Verna K. Stokes

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

7. Birth date of deceased Nov. 4 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>5</u>	<u>22</u>	hr. min.

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

10. Usual occupation Merchant

11. Industry or business General mdr.

12. Name: Bobt Wm Stokes

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

14. Maiden name Mattie Jane White

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

16. (a) Informant Richard Stokes

(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 4-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo.

18. (a) Signature of funeral director H.A. Craig

(b) Address Malden, Mo.

19. (a) 4-28-41 (b) St. Mitchell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin³⁵

(c) City or town Malden³
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 26
year 1941 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 4-26-1941
to 4-26-1941, 1941;
that I last saw him alive on 4-26-, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to 44 W

Due to 49 ps

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

Major findings:
Of operations _____

Of autopsy _____

Duration 1 hour

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) 1

(b) Date of occurrence 1

(c) Where did injury occur? 1
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

2602 (Specify type of place)
While at work? 1 (a) Means of injury 1

23. Signature St. Mitchell (M. D. or other) 1
Address Malden Mo Date signed 4/28/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number 541-542

Date Filed 5/8/41

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, by

....., Registered Apprentice No.

working under my personal supervision.

Signed

V. H. Craig

Licensed Embalmer No.

2850

P. O. Address

Malden, 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.