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FILED JUN 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17782

Registration District No. 314

Primary Registration District No. 4190

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Stanhurst Mo  
(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 49 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 38

(a) State Mo (b) County Greene

(c) City or town Stanhurst Mo  
(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.? 0 years.

3. (a) PRINT FULLNAME Wm. Alexander Stockton

3. (b) If veteran,  name war \_\_\_\_\_

3. (c) Social Security No. 710NE

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Effie Stockton 6. (c) Age of husband or wife if 71 years

Birth date of deceased: Feb. 20 - 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>3</u>	<u>23</u>	<input checked="" type="checkbox"/> hr. <u>4</u> min.

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

10. Usual occupation retired Merchant

11. Industry or business groceries

12. Name Thomas Stockton

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

14. Maiden name Lenna White

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

16. (a) Informant J. D. Stockton

(b) Address Wagon Camp

17. (a) burial (b) Date thereof 5/15/41  
(Burial, or cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Stanhurst Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 5:16 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 9-11 1941 to May 13 1941.

that I last saw him alive on May 12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Jaundice

Due to Uterine cancer

Due to \_\_\_\_\_

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

Major findings:  Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 4 days

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? \_\_\_\_\_

286 (Specify type of place) \_\_\_\_\_  
White or work? (a) Means of injury \_\_\_\_\_

23. Signature J. D. Stockton (M. D. or other) \_\_\_\_\_  
Address Stanhurst Mo Date signed May 14 1941

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**