

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41925

State File No.

FILED JAN 21 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 991

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (City, town, or county)

(c) Name of hospital or institution: Glenstone and Division Streets
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1545 E. Commercial 6
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lowell Albert Stokes

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1941 hour 1:30 minute ... A. M.

21. I hereby certify that I attended the deceased viewed on Dec. 21, 1941 to ... 19...

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased May 22 1922
(Month) (Day) (Year)

that I last saw him alive on ... 19... and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture

Duration

8. AGE: Years 19 Months 6 Days 29 If less than one day hr. min.

Due to Auto accident struck by car

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Filling Station Equipment Co.

Major findings: Of operations 170 c.s.

11. Industry or business

Of autopsy None

MOTHER FATHER { 12. Name Everette Stokes

PHYSICIAN Underline the cause to which death should be charged statistically.

13. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Blanche Clair

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

16. (a) Informant Everette Stokes

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amity, Missouri
Rainey Funeral Home

18. (a) Signature of funeral director Marshfield, Missouri

(b) Address 12-23-41

19. (a) 12-23-41 (b) W.E. Haudley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence December 21, 1941 133

(c) Where did injury occur? Division and Glenstone
(City or town) (County) (State)

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

While at work? No (Specify type of place) Struck by auto
(M. D. or other)

Signature W.E. Haudley Date signed 12/23/41
Address 274 E. Olive
(Licensed Embalmer's Statement on Reverse Side) BAF'd. No.

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

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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

Wayne Hinkle

Licensed Embalmer No.

3444

P. O. Address

Springfield

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.

X