

FILED OCT 15 1942

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Campbell
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME David Stokes

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive. 10 years (Day) (Year)

7. Birth date of deceased. May 10 1865 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 24 hr. min.

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

10. Usual occupation. Railroad Laborer

11. Industry or business. ✓
12. Name. unknown
13. Birthplace. 9 (City, town, or county) (State or foreign country)
14. Maiden name. 9
15. Birthplace. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Daughter Mrs. Irene Howard
(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof. Sept 6 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation. Goodlawn Cemetery

18. (a) Signature of funeral director. Landis Funeral Home
(b) Address Campbell, Mo.

19. (a) 9-1-42 (b) Mrs. L.P. Oliver (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town. Campbell (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. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ✓ day 12 year 1942 hour 3:20 minute 19 M.

21. I hereby certify that I attended the deceased from Jan 12th 1942 to Sept 3rd 1942 that I last saw him alive on Sept. 3rd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis Duration Prob. 7 years

Due to 932
Due to 932

Other conditions. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Dietary depression due to anorexia
Of operations. ✓

Of autopsy ✓

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 Wallace Selby (M. D. or other) MD
Address Campbell, Mo. Date signed 9/7/42

1150

RECEIVED

District Health Office, No. 2,

District File Number 1042-12586

Date Filed 10-6-42

JAN 5 1943

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 Christina Lander
Licensed Embalmer No. 4927
P. O. Address Campbell

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30261
Registrar's No. 27

Registration District No. 109

Primary Registration District No. 4180

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell
(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 _____

3. (a) PRINT FULL NAME David Staker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased May 19 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 14 If less than one day _____ min.

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 _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-7-42 (Date received local registrar) (b) Mrs L.P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 14 Year 1942 Hour _____ Minute A.M.

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

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

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