S. No. 2
1—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41121

State File No.

Registration District No. 164 Primary Registration District No. ~~3023~~ 3023 Registrar's No. 125

51 2 2

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(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 (Specify whether years, months or days)
In this community 83+

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51 2
(c) City or town Warrensburg, R 2
(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 0

3. (a) PRINT FULL NAME Theodore E. Stockton

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Electra Stockton

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

7. Birth date of deceased July (Month) 19 (Day) 1859 (Year)

8. AGE: Years 83 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Wm. G. Stockton
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Redford
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. G. Stockton
(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director Duvenby-Phillips
(b) Address Warrensburg, Mo.

19. (a) 12/6/42 (Date received by local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June 15, 1928 to Dec 3, 1942; that I last saw him alive on Dec 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation — Duration 20 yrs

Due to

Due to

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

Major findings:
Of operations
Of autopsy 92 lb

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 John Warren (M. D. or other)
Address Warrensburg Date signed 12/4/42

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-43

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 R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.