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4-41
7-39
X29484

FILED FEB 19 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Russville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adair Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
Specify whether

In this community
years, months or days

3. (a) PRINT FULL NAME Charles Freddie Stockman

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

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

8. AGE: Years Months Days If less than one day
6 wks 3 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Mr. Tony Stockman
13. Birthplace Merced Mo. (City, town, or county) (State or foreign country)

14. Maiden name Miss Phyllis Stock
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Tony Stockman
(b) Address Merced Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Wilder, Cemetery

18. (a) Signature of funeral director L. J. ...
(b) Address Russville Mo

19. (a) Jan 18 1943 (b) Mrs. J. L. Wayman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Merced
(c) City or town Merced Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1943 hour one minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 14 1943 to Jan 17 1943

that I last saw him alive on Jan 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebra - Spinal Meningitis -

Due to acute cough + influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) (c) Means of injury

23. Signature John S. ... Date signed 1/17/43

Address

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

1049

RECEIVED

District Health Officer No. 10

District File Number 2-43-384

Date Filed FEB 16 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.....

Not embalmed

....., 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.