

BUREAU OF THE CENSUS  
FILED AUG 1 1943

Registration District No. 3

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
741 rear Giboney St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 7 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Susan Stoker (Stokes)

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Will Stoker

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

7. Birth date of deceased Jan. 5, 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Swiney

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

14. Maiden name Jane (Unknown)

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

16. (a) Informant Addie Johnson (daughter)

(b) Address 741 rear Giboney St. Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 7-7-43 (Date received local registrar) (b) F. J. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 741 rear Giboney St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 9  
1943 to July 2 1943  
that I last saw her alive on July 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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

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 George H. Sparks (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 7-6-43

RECEIVED

District Health Officer No. 4

District File Number 843-2544

Date Filed 8-10-43

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 *Frank Sparks*

Licensed Embalmer No. *346-6-*

P. O. Address *Cape Girardeau, 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.