

FILED NOV 26 1943
Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **SPRINGFIELD MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1021 W. NICHOLS**
(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 **MO.** (b) County **GREENE** 39

(c) City or town **SPRINGFIELD** 2
(If outside city or town limits, write "RURAL")

(d) Street No. **1021 W. NICHOLS** (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME **HAROLD BRUCE STOKES**
EXISTED IN GEN. FROM

3. (b) If veteran, **1903-1906** name war **NONE**

3. (c) Social Security No. **545-12-9726**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **9th**
year **1943** hour **12** minute **45 P.** M.

4. Sex **MALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **LEAH STOKES**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **Feb 28 - 1885**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-26**, 1943, to **11-9**, 1943
that I last saw him alive on **11-9**, 1943,
and that death occurred on the date and hour stated above.

8. AGE: Years **58** Months **8** Days **9**
If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary occlusion, Aortic** 1 hr
Due to **Arteriosclerosis** 10 yrs +

9. Birthplace **SPRINGFIELD MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Restaurant operator**

11. Industry or business _____

12. Name **James David Stokes**

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

14. Maiden name **Kate Carson**

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

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

Major findings: **PH**
Of operations _____

Of autopsy _____

16. (a) Informant **Leah Stokes**

(b) Address **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof **Nov. 15 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cem. Springfield Mo.**

18. (a) Signature of funeral director **J. W. Kingler**

(b) Address **SPRINGFIELD**

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

19. (a) **11-10-43** (b) **D. M. Standley**
(Date received local register) (Registrar's signature)

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)

(a) Means of injury **0**

23. Signature **[Signature]** (M. D. or other)
Address **Springfield Mo.** Date signed **11-9-43**

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

MOTHER FATHER

966

22

AUG 11 1948

NOV 29 1948

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.....

Max Rhodes

Licensed Embalmer No.....

4071

P. O. Address.....

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.