

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

9  
2  
6

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: Burge Hospital  
(d) Length of stay: In hospital or institution 5 Hours  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 1840 N. Newton  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Stokes  
3. (b) If veteran, name war unk.  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Widower  
6. (b) Name of husband or wife Blanche Stokes 6. (c) Age of husband or wife if alive 66 1/2 years  
7. Birth date of deceased Feb. 3, 1872

8. AGE: Years 72 Months 0 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Richard Stokes  
13. Birthplace Missouri unk. Mo.  
14. Maiden name Emiline Montgomery  
15. Birthplace Missouri unk. Mo.

16. (a) Informant Mrs. Virgil Henslee  
(b) Address 1155 W. Florida, Spfld. Mo.

17. (a) Burial (b) Date thereof 2-16-44  
(c) Place: burial or cremation Brighton, Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Spfld. Mo.

19. (a) 2-17-44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 13  
year 1944 hour 4 minute 30A M.

21. I hereby certify that I attended the deceased from 12 1944 to Feb 13 1944  
that I last saw him alive on 2/13 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Spontaneous fracture of left shoulder  
with comminuted fracture of left shoulder blade

Due to Accident - Struck by Auto  
Due to Non-Collision

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1700-8  
Of autopsy 21

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 2/13/44  
(c) Where did injury occur? Springfield Mo  
(d) Did injury occur in or about home, on farm, an industrial place, in public place?  
Struck by auto on street  
23. Signature W. T. Welch (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 2/17/44

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

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**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.....

*J.B. Klingner*

Licensed Embalmer No. 3358

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.**