

S. No. 2
M-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14584

State File No.

FILED MAY 12 1944
Registration District No. 101944

Primary Registration District No. 4176

Registrar's No. 18

531
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(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 60 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Malden (If outside city or town limits, write "RURAL") 35
(d) Street No. 3 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Merrill A. Stokes
3. (b) If veteran, name war 0
3. (c) Social Security 495-18-6558

20. DATE OF DEATH: Month Apr day 15 year 1944 hour 4:30 minute P M.
21. I hereby certify that I attended the deceased from June 1942 to April 15 1944
that I last saw him alive on April 15th 1944 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color of race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: Feb. 26 1884
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration 4 mos
Influenza-like 12 to 19 1944
Due to Cardio-Vascular-Renal disease 4 years
Due to

8. AGE: Years 60 Months 1 Days 19 If less than one day hr. min.
9. Birthplace Clarkton Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 13/a
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Clerk
11. Industry or business General Store
12. Name Robert M. Stokes
13. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ella B. Pope
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

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 H. ... (M. D. or other)
Address Malden Mo Date signed 4/17/44

16. (a) Informant Roy M. Stokes
(b) Address Malden Mo
17. (a) Burial (b) Date thereof 4-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Malden Mo
18. (a) Signature of funeral director W. A. Craig
(b) Address Malden Mo
19. (a) 4-17-44 (b) W. A. Craig
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 544-705

Date Filed 5-11-44

AUG 7 1945

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.....

W. L. Craig
Licensed Embalmer No. 4302

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.