

FILED JUN 8 1944

State File No. 18722

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 24

1. PLACE OF DEATH:

(a) County MORGAN CO MO
 (b) City or town RURAL - VERSAILLES
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RURAL - MOREAU TWP
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN 71
 (c) City or town RURAL - MOREAU
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 MILES N.E. OF VERSAILLES
 (If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY STOKES

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM O. STOKES 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased SEPT 10 1873
 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace OZARK CO MO (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOME

MOTHER FATHER { 12. Name MICHEL CONNOR
 13. Birthplace N.Y. NEW YORK (City, town, or county) (State or foreign country)
 14. Maiden name NANCY M. BARNEY
 15. Birthplace OZARK CO MO (City, town, or county) (State or foreign country)

16. (a) Informant Mr Lewis H. Dawson
 (b) Address 5411 IDAHO - ST LOUIS - MO

17. (a) REMOVAL (b) Date thereof 5-18-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROCKER - MISSOURI

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

(b) Address Versailles, Missouri

19. (a) 5-17-1944 (b) Ray Berkestramer
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16TH
 year 1944 hour 5 minute 38 P. M.
 21. I hereby certify that I attended the deceased from April 17, 1943 to May 16, 1944
 that I last saw her alive on May 15, 1944 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic Myocarditis Duration _____ years

Due to _____
 Due to _____
 Other conditions Hypertension
 (Include pregnancy within 6 months of death)

Major findings: Of operations _____ Of autopsy _____
 PHYSICIAN [Signature]
 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) Means of injury _____
 23. Signature P. J. Eckhoff (M.D. or other) DO
 Address Versailles, Mo. Date signed 5/17/44

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

1029

District File Number 5-44-729
Date Filed 6-7-44

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 A. F. Kidwell

Licensed Embalmer No. 1596

P. O. Address Des Moines, 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.