V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41205

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 898

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 402 W. PACIFIC (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 42 YR. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

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

(d) Street No. 402 W. Pacific (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME RALPH LACY STOKES.

3. (b) If veteran, name war none

3. (c) Social Security No. UNK.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ETHEL STOKES

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sep. (Month) 10, (Day) 1902 (Year)

8. AGE: Years 42 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace GREENE Co. (City, town, or county) MO. (State or foreign country)

10. Usual occupation Auto mechanic

11. Industry or business Frisco Transportation Co.

FATHER
12. Name George Stokes
13. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Adda Skelly
15. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)

16. (a) Informant H. S. Stokes
(b) Address 334 Parkview, Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address SPRINGFIELD MO.

19. (a) 12-12-44 (Date received local registrar) (b) Dr W. E. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1944 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from No Physician in attendance, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute alcoholism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Congestion stomach & lungs & kidneys, Blood alcohol 0.712 %

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Murray C. Stone, Coroner (M.D. or other)

Address Springfield, Mo. Date signed 12-12-44

(Licensed Embalmer's Statement on Reverse Side)

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.....Springfield, 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.