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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41945

State File No.

FILED DEC 16 1944

Registration District No. 291 Primary Registration District No. 5989 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Putman

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

(c) Name of hospital or institution: ✓
(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 Missouri (b) County Putman

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

(d) Street No. Livonia, Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dorthea Stockton

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dudley Stockton

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug (Month) 1 (Day) 1889 (Year)

8. AGE: Years 55 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Putman Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Polson
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maggie Irons
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Dudley Stockton
(b) Address Livonia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation St John Cemetery

18. (a) Signature of funeral director Russell S Fenton
(b) Address Lancaster, Mo.

19. (a) 11/18/44 (Date received local registrar) (b) [signature] (Registrar's signature)

1099

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 30, 1944, to Nov 13, 1944
that I last saw her alive on Nov 13, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Sacrum & Femur	
Due to	
Due to 55 b	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 R. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo. Date signed 11/14/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-44-2019
Date Filed DEC 14 1944

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~~ Purnell O. Fenton, Registered Apprentice No. 3705, working under my personal supervision.

Signed Purnell O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.