

FILED JUL 11 1946
128
Registration District No. _____

Primary Registration District No. **2000**

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

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: **Burge Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 Hours**
(Specify whether years, months or days)

In this community **8 Hours**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **2046 Taylor Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Infant Son of MR. & MRS. IKE STOKES**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **None**

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

7. Birth date of deceased **June 19, 1946**
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **0** If less than one day **8 hr. — min.**

9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER

12. Name **Ike Stokes**

13. Birthplace **UNK. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Everist**

15. Birthplace **UNK. Oregon**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ike Stokes**

(b) Address **2046 Taylor Ave., Springfield, Mo.**

17. (a) **Funeral** (Burial, cremation, or removal)

(b) Date thereof **June 21, 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Niangua, Missouri**

18. (a) Signature of funeral director **Fred G. Thieme**

(b) Address **Springfield, Mo.**

19. (a) **6-21-46** (Date received local registrar)

(b) **R. W. S. Handley** (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19th**
year **1946** hour **4:30 P.M.** minute _____ M. _____

21. I hereby certify that I attended the deceased from **19 June**, 19**46**, to **19 June**, 19**46**; that I last saw him alive on **19 June**, 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Intra Cranial Hemorrhage**

Due to **Tear of Tentorium (left posterior)**

Due to **Birth injury (Posterior Position)**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **UNK.**

Of operations: _____

Of autopsy: **Tear of Tentorium (left) - Intra Cranial Hemorrhage**

Duration _____

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 **②**

23. Signature **A. M. White** (M. D. or other) **M.D.**

Address **Windsor Bluff Springfield Mo.** Date signed **21 June 46**

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.....

was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ralph D. Thorne

Licensed Embalmer No..... 3681

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.

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