

No. 2
12-45
17-39
X47070

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36424

State File No. _____

FILED NOV 22 1946

Primary Registration District No. 5289

Registrar's No. 119

1. PLACE OF DEATH Clay

(a) County Clay

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

(c) Name of hospital or institution:
R.R. #1 Liberty Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #1 Liberty 0
(If rural, give location)

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

If yes, name country XXXX

3. (a) PRINT FULL NAME Opal Francis Stockton

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 7th
year 1946 hour 12:15 minute P M.

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Oct. 8 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

8. AGE: Years Months Days If less than one day

43 0 29 XX hr XX min.

Due to Coronary case

Due to _____

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

10. Usual occupation Housewife

11. Industry or business Self

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations Coronary case

Of autopsy 4FA

MOTHER FATHER

12. Name J.A. Meek

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

14. Maiden name Ada Foster

15. Birthplace Hartville Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Hubert Stockton

(b) Address R.R. #1 Liberty Mo.

17. (a) Burial (b) Date thereof Nov. 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Slope cem. N.K.

18. (a) Signature of funeral director Morton-Smith's

(b) Address North Kansas City Mo

19. (a) Nov 8 - 1946 (b) Beulah Hitchcock
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Coronary occlusion

(b) Date of occurrence Nov 7 1946

(c) Where did injury occur? R.R. #1 Liberty Mo. Clay Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm

(Specify type of place)

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

23. Signature G.W. Prather coroner (M. D. or other) 3

Address Excelsior Springs Mo. Date signed 11-7-46

63

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

RECEIVED

District Health Office No. 3,

District File Number _____

Date Filed 11-16-46

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City, 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.