

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 685

Registration District No. 109

Primary Registration District No. 3019

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
603 Hopper St 1
(If not in hospital or institution, write street number or location)

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

In this community 10 yr _____ (Specify whether _____)

3. (a) PRINT FULL NAME Joseph H. Stackton

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Addie Stackton 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 22 - 1977
(Month) (Day) (Year)

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

69 4 9 hr. min.

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

10. Usual occupation Minister (Retired)

11. Industry or business _____

12. Name Andrew Stackton

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

14. Maiden name Lucinda Mallow

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

16. (a) Informant Addie Stackton

(b) Address Kennett, Mo

17. (a) Burial (b) Date thereof 2-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shu Mate

18. (a) Signature of funeral director W. H. Juby

(b) Address Rector, Ark

19. (a) 2-1-1947 (b) Paul Thibault
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin ³⁵

(c) City or town Kennett, Mo ²
(If outside city or town limits, write "RURAL") ²

(d) Street No. 603 Hopper St (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1947 hour 12 minute P M.

21. I hereby certify that I attended the deceased from 10-1-46, 19, to 1-30-47, 19,
that I last saw him alive on 1-29-47, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary thrombosis

Due to _____

Due to _____

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

Major findings: 94A PHYSICIAN _____

Of operations _____

Of autopsy _____

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 Leo Q. Summers (M.D. or other) M.D.
Address Kennett, Mo. Date signed 2-1-47

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

MOTHER FATHER

FEB 20 1947

FEB 24 1947

RECEIVED

District Health Office No. 2,

District File Number 247-222

Date Filed 2-11-47

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 John R. Casner

Licensed Embalmer No. 2912

P. O. Address Peeter, Ark

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.