

No. 2
8-43
17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14171

State File No.

FILED APR 17 1947
207

5753

Registrar's No. 72

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Rural Boone
(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 58 years years, months or days)

3. (a) PRINT FULL NAME James Oliver Stokes

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-14-2192

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Ida Stokes 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 8 / 5 / 1888
(Month) (Day) (Year)

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

58 7 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John M. Stokes

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

14. Maiden name Pernelia Pendleton

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

16. (a) Informant Mrs. Ida Stokes

(b) Address Meta, Missouri

17. (a) Burial (b) Date thereof 4/7/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stokes Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Nixon Missouri

19. (a) 4-10-47 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63

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

(d) Street No. _____ (If rural, give location) J

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
year 1947 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1945, to April 3, 1947
that I last saw him alive on April 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 36 hrs

Due to _____

Due to _____

Other conditions Spinal Arthritis U. flex.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 14171

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry G. Isenberg (M. D. or other) _____

Address Meta, Mo Date signed 4/5/47

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

188

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-21-47

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 _____
4/3, 1947, Registered Apprentice No. _____
working under my personal supervision.

Signed *Frederick A. Gillebert*

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.