

FILED JAN 8 1948

State File No. _____

Registration District No. 128

Primary Registration District No. 1000

Registrar's No. 1106

1. PLACE OF DEATH:

(a) County Green
(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
919 S. Fort 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 6 mos. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster / #2
(c) City or town Seymour Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HALLIE K. STOKES

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife not given
6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased March 29 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Esbon Wickwire
13. Birthplace Penn (City, town, or county) (State or foreign country)
14. Maiden name Mary Magee
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Nyland
(b) Address 919 S. Fort Springfield Mo
17. (a) Burial (b) Date thereof 12 24 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seymour Cemetery
18. (a) Signature of funeral director Kelley, Ferrell, Bergman
(b) Address Seymour Mo
19. (a) 12/24/47 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1947 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 1947 to Dec. 21 1947
that I last saw h. Dr alive on Dec. 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left ear and head Duration 1 1/2 yrs

Due to _____
Due to _____
Other conditions Ch. Cardio-vasc. dis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3
Of autopsy 2
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 Arthur D. Karabell M.D. or other MD
Address 1030 N. Jefferson Date signed 12-22-47

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

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 H. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Fordland, Me

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.