

FILED JUN 9 1948
234

State File No. _____

Registration District No. _____

Primary Registration District No. 5815

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Rural Haw Creek Twn.
(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 43 Yrs
In this community 43 Yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan 71
(c) City or town Rural Versailles 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry E. Stockton
(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27th
year 1948 hour 7 minute 30 a. m.
21. I hereby certify that I attended the deceased from Apr 15 1948 to May 27th 1948
that I last saw him alive on May 27th 1948
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harriet Stockton 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased June 11 1861
(Month) (Day) (Year)

Immediate cause of death subdural hemorrhage
Due to cause unknown 42 days
Duration

8. AGE: Years Months Days If less than one day
87 11 16 hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace No Record Penn. /
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings: 23
Of operations _____
Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
12. Name Robert E. Stockton /
13. Birthplace No Record Penn. /
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Faust
15. Birthplace No Record Penn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Sims
(b) Address Versailles, Mo.
17. (a) Burial (b) Date thereof May 29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles, Mo.
18. (a) Signature of funeral director H. J. Giam
(b) Address Versailles, Mo.
19. (a) June 4, 1948 (b) Wm. L. Rippinger
(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) _____
(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 0
23. Signature H. J. Giam (M. D. or other) _____
Address Versailles, Mo Date signed 5/28/48

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

RECEIVED

District Health Officer No. 71

District File Number 5-48-620

Date Filed 6-7-48

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.....

Raymond Foster

Registered Apprentice No. 212

working under my personal supervision.

Signed *W. T. Keenell*

Licensed Embalmer No. 1596

P. O. Address *Wesleyville, 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.