. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19245

FILED JUL 6 1948

Registration District No. 928 — Primary Registration District No. 5465 — Registrar's No. 486

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Rural N. Campbell Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 34 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Rural Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: Route # 5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Elmer A. Stockdale
3. (b) If veteran, name war: No
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: Gertrude Stockdale
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Aug. (Month) 6 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
60	10	3	____ hr. ____ min.

9. Birthplace: Cassville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: City Fireman
FATHER
12. Name: Joseph P. Stockdale
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catherine Spillman
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Gertrude Stockdale
(b) Address: Route # 5 Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 6-10-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1948 hour 10 minute 45a. M.
21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: probably coronary occlusion
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____ Of autopsy: ____

PHYSICIAN
Underline the cause of 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: W. E. Handley Local Registrar (M. D. prefer)
Address: Spgfld Mo Date signed: 6/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 7 1946

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.....Roy H. Mercer Jr.

Licensed Embalmer No.....4432

P. O. Address.....Springfield 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.