REC'D FEB 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1943
File No. 2
Registered No. 37

1. PLACE OF DEATH
County: Cass
Township: Dayton
City: (No. ..... St. ..... Ward)
Registration District No. 161
Primary Registration District No. 5226

2. FULL NAME: Harold Wayne Stocklauper

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-14-39
7. AGE: YEARS ..... MONTHS ..... DAYS 7 ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Garden City Mo

FATHER
13. NAME: Harold W. Stocklauper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barton Co Mo

MOTHER
15. MAIDEN NAME: Dorothy Woodring
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Creighton Mo

17. INFORMANT (ADDRESS): D. A. Woodring Creighton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: 1-22 1939
19. UNDERTAKER (ADDRESS): Kenney & Eustace Amoret Mo
20. FILED: Feb. 10 1939 Nellie M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1939 to Jan 21 1939
I last saw him alive on Jan 21 1939. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Pudendal Varicosities	1 Day

Other contributory causes of importance:
Baby - 7 days - Kidney under dev. function just regul.

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Garden City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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