

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

2669
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Jasper (d) Street No. St. Johns Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. Adams D. Stokes St. Johns Hospital
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miss Ollie Stokes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1865

7. AGE YEARS 73 MONTHS 4 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo

13. NAME Jacob Stokes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Miss Ollie Stokes
Rt # 1, West City

18. BURIAL, CREMATION, OR REMOVAL PLACE Heavenly DATE Jan 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walt Caldwell
West City Mo

20. FILED 1-30-39 Ed D. James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Jan 28, 1939
 I last saw him alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma liver probably secondary to gall bladder
 Date of onset 1937
late

Other contributory causes of importance: none #6

Name of operation none Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Hermon A. LaFoe, M. D.

(Address) W. H. Kelly, Jasper 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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-331

Date Filed FEB 16 1939

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 Myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton Myers Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.