

REC'D APR 19 1939

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

11354
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township South Vernon Primary Registration District No. 4283
(c) City Wm. Vernon, Mo. Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 376 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
376 Earl E. Stocker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leona M. Stocker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1888</u>		
7. AGE	YEARS	MONTHS
<u>49</u>	<u>10</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Merchant</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shuckle, Kan</u>		
FATHER	13. NAME <u>John M. Stocker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Laura A. Snow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Leona M. Stocker 7th Vernon Mo</u>		
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Shuckle, Kan</u> DATE <u>Mar 21 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Dee B Orr 7th Vernon Mo</u>		
20. FILE NO. <u>March 20, 1939</u> <u>P. A. Holmes</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1939

22. I HEREBY CERTIFY, That I attended deceased from after death, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 3:00 p.m.

The principal cause of death and related causes of importance were as follows:
Severed Jugular Vein
Left Side

Other contributory causes of importance: 16

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 3/19 1939
Where did injury occur? Wm. Vernon Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home

Manner of injury suicide with razor
Nature of injury Severed jugular vein

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Herbert J. Curridge
Coroner
421 (Address) Aurora 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.

RECEIVED.

District Health Officer No. 6,

District File Number 6-39-745-

Date Filed APR 6 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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.