

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.

FILED FEB 7 1940

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

2900
Do not use this space.

1. PLACE OF DEATH
 (a) County Lassance Registration District No. 469
 (b) Township Lincoln Primary Registration District No. 5650
 (c) City _____ (d) Street No. _____
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emaley Stockton
 (a) Residence, No. Miller mo. R. R. 1
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha W. Stockton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1855

7. AGE YEARS 84 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 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. Fanner
 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) Dolph Co. Mo.

FATHER 13. NAME Stephen A. Stockton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Mo.

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Anch. Richardson Miller mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Info DATE 1-29-40

19. FUNERAL DIRECTOR (ADDRESS) Morris & Thomas Miller mo.

20. FILED 2-1-40 1940 U. S. Bruney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1940, to Jan 27, 1940. I first saw him alive on Jan. 27, 1940. Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:
Gastro Enteritis

Date of onset 1-22-40

Other contributory causes of importance: 12 0 10

Name of operation Colonoscopy 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? In home
 (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) L. J. Holman, M. D.
 (Address) Miller mo.

RECEIVED

District Health Officer No. 6,

Ins. Act File Number 240-329

Date Filed FEB 7 1940

STATEMENT BY LICENSED EMBALMER

I, S. R. Seiman, Licensed Embalmer No. 3297

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed S. R. Seiman
Licensed Embalmer No. 3297

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.)