

FILED MAR 14 1940

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

5780

Do not use this space.

1. PLACE OF DEATH

(a) County Anderson Registration District No. 26
 (b) Township Salt River 2 Primary Registration District No. 3002
 (c) City Mexico (d) Street No. _____ 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. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

Registered No. 21

2. PRINT FULL NAME

726
 (a) Residence, No. Sargh Caroline Stockard St.
Laddonia Mo.
 (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 female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)

6. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF David M Stockard
 (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1858

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 6 8

9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

10. Industry or business in which work was done, as saw mill, bank, etc. Home

11. Date deceased last worked at this occupation (month and year) Jan 1940 11. Total time (years) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonborough
ten.

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

15. MAIDEN NAME " " 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

17. INFORMANT (ADDRESS) Miss Virginia Stockard
Wichita Falls Texas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laddonia Mo. DATE Feb. 16

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. G. Branger
Laddonia Mo.

20. FILED Feb 16, 19 40 Blanche Reely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1940, to Feb 15, 1940

I last saw her or alive on Feb, 13, 1940 Death is said to have occurred on the date stated above, at 2.35 A.M.

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

Fracture left hip Date of onset Jan, 8-40

Other contributory causes of importance:

Diabetis Mellitus (Chronic)

Name of operation Pin in hip Date of Jan 10-40

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? Accident Date of injury 1-8-, 1940

Where did injury occur? Her Home Laddonia 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 Fell on ice

Nature of injury Fracture hip

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) W. K. McCall, M. D.

(Address) Laddonia Mo.

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

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.

MARION RESERVED FOR BINDING

RECEIVED

District Health Officer No. 10

District File Number 3-40-616

Date Filed MAR 12 1940

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,

H. G. Granger

....., or by

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

Signed.....

H. G. Granger

Licensed Embalmer No. 1397

P. O. Address Ladonia 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, above space should be left blank.