

Registration District No. 13-7000

Primary Registration District No. 5823

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Dade  
 (b) City or town Greenfield, Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Center Twsp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community For life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Margaret Stockton.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John R. Stockton 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May 21, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	7	28	_____ hr. _____ min.

9. Birthplace Lawrence Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Drysdale  
 13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ellen Garver  
 15. Birthplace Dade Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Lola Basch

(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof Jan. 23, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cem.

18. (a) Signature of funeral director J. J. [unclear]

(b) Address Greenfield, Mo.

19. (a) 2-22-1940 (b) Feb 22 1940  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Dade  
 (c) City or town Greenfield, Mo. Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19  
 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-9-40  
 \_\_\_\_\_, 19\_\_\_\_, to Jan 19, 19\_\_\_\_  
 that I last saw her alive on Jan 19-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature J. O. Cowan (M. D. or other) \_\_\_\_\_  
 Address Greenfield Mo Date signed 1-22-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 6,

District File Number 3410-870

Date Filed MAR 14 1940

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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.....

J. W. Ward....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. W. Ward.....

Licensed Embalmer No. 2832

P. O. Address Greenfield 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.