12

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.

1 X16605

AUG MAR 14 1940

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

8555
Do not use this space.

1. PLACE OF DEATH

(a) County Webster — Registration District No. 900

(b) Township Union — Primary Registration District No. 6208 — Registered No.

or

(c) City — (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 life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 366 Alvin Kenneth Stokes

(a) Residence, No. — St. (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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: x

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 2, 1940

7. AGE: YEARS no — MONTHS no — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

FATHER

13. NAME: Walter Stokes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster County, Mo.

MOTHER

15. MAIDEN NAME: Lucy Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

17. INFORMANT (ADDRESS): Walter Stokes, Niangua, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Amity DATE: January 6, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rex Rainey, Marshfield, Missouri.

20. FILED: Mar 9, 1940 Mrs W. T. Schlicht, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1940 to 1-5, 1940

I last saw him alive on 1-6, 1940. Death is said to have occurred on the date stated above, at 6 A.m.

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

Cranial & ennarrage for injury at birth

Date of onset

Other contributory causes of importance: 160 B

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? — 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?

If so, specify

(Signed) J. W. Lindsay, M. D.

(Address) Conway

(Licensed Embalmer's Statement on Reverse Side)

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.