FILED AUG 10 1940

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

24939
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton, 2
(b) Township Shoal,
(c) City Cameron,
Registration District No. 3104
Primary Registration District No. 3013
Registered No. 29
(d) Street No. West 3rd. 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.

2. PRINT FULL NAME Sarah Elizabeth Stockdale.
(a) Residence, No. 323 West 3rd. St. 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: Female
4. COLOR OR RACE: White,
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Stockdale.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1863

7. AGE: Years 76 | Months 8 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Missouri. C

FATHER
13. NAME James H. Partin. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina. D

MOTHER
15. MAIDEN NAME Margaret S. Morland.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Belle Moon.
(ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McDaniel Cem. DATE July 21 40.

19. FUNERAL DIRECTOR (NAME) Lyle C. Allen.
(ADDRESS) Cameron, Mo.

20. FILED July 19th 1940 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 40. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1940, to 7-18, 1940
I last saw her alive on 7-18, 1940. Death is said to have occurred on the date stated above, at 1,30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic bronchitis and myocardinal degeneration. A B C

Date of onset 8-24 1939

Other contributory causes of importance:

Name of operation ..... 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? .....
(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) C. D. James M.D.
(Address) Cameron, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 11,
District File Number 8 48-1043
Date Filed AUG 6 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, Lyle C. Allen, or by .....

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

Signed Lyle C. Allen

Licensed Embalmer No. 824

P. O. Address Cameron, 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.