

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 312

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Windsor Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 121 Forest Hill
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Fenton Thomas Stockard

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Minnie Stockard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec-16-1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 24 hr. _____ min.

9. Birthplace Milan, Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

12. Name Clement Stockard

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Patience White

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Gergory C. Stockard

(b) Address Jefferson City, Mo

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery
Jefferson City, Missouri

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

(b) Address Hannibal, Mo

19. (a) Nov. 1, 1940 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th
year 1940 hour _____ minute 6 a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. H. [Signature] Coroner
Address Hannibal, Mo Date signed _____

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.....

Michael J. O'Rourke

Licensed Embalmer No.....

2240

P. O. Address.....

Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING? (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.