FILED FEB 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2378

Registration District No. 237 Primary Registration District No. 5323 Registrar's No.

1. PLACE OF DEATH:
(a) County Dade Center Twsp.
(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: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Many years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade Center Twsp.
(c) City or town Greenfield, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. N.E. Greenfield
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Robinson Stockton.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wife
6. (c) Age of husband or wife if alive years
Cora Florence Stockton
7. Birth date of deceased Aug. 30. 1854 (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Dade Co. Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Andrew Jackson Stockton
13. Birthplace Tennessee / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Marthat Reagan
15. Birthplace Tennessee / (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Lola Brackett
(b) Address Greenfield Mo
17. (a) Burial / (Burial, cremation, or removal) (b) Date thereof Dec. 24 40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield Cem.
18. (a) Signature of funeral director J. W. Ward.
(b) Address Greenfield, Mo.
19. (a) Jan. 13-1941 (Date received local registrar) (b) Geo. L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1940 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Nov 5 1940, 19, to Dec 5, 1940; that I last saw him alive on Dec 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocardial Heart failure
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 H. O. Cowan (M. D. or other)
Address Greenfield Mo Date signed 12-26-40

(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.

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RECEIVED
District [illegible] Line No. 6
District Fi[illegible] 241-317
Date Filed FEB 17 [illegible]

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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield Ma

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.