S. No. 2
I—4-13-40
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2520 †

Registration District No. 293 Primary Registration District No. 5411 Registrar's No.

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Pacific Missouri Boles Tos
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Lloyd D Stoneking
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Stoneking
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 2 (Day) 1902 (Year)

8. AGE: Years 38 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Johnstown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Field Mach
11. Industry or business State Hy Dept
FATHER
12. Name Frank Stoneking
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Martha Johnson
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Lloyd Stoneking
(b) Address Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Joplin Mo
18. (a) Signature of funeral director Geo L Thieles
(b) Address
19. (a) 1-1-41 (Date received local registrar) (b) Mary B Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1941 hour 5 minute a M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Head on Collision on Highway No 66 - 1 mile west of Pacific Missouri
Due to Crushed Chest, fractured neck & surgical neck of
Due to humerus and lacerations about face & head
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

Duration
6
170 C
22

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) Accident 36
(b) Date of occurrence January 1, 1941
(c) Where did injury occur? Pacific Mo (City or town) Franklin (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Highway 66
(Specify type of place)
While at work? (e) Means of injury 2 cm 3
23. Signature Ernst L Oltman (M.D. or other) Coroner
Address Gerald Missouri Date signed 1/1/41

(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 Jno. L. Shiches

Licensed Embalmer No. 3008

P. O. Address Paulin, 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, fact should be so stated above.