

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

SWED MAY 15 1949

743

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. ~~743~~

Primary Registration District No. 5970

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural Church town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Courtesy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James L Stokes

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 Single

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

7. Birth date of deceased 12 (Month) 9 (Day) 1863 (Year)

8. AGE: Years 77 Months 4 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Ruben Stokes

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

14. Maiden name Mary Tucker

15. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Stokes

(b) Address Orick Mo

17. (a) Burial (b) Date thereof 4 20 41 (Month) (Day) (Year)

(c) Place: burial or cremation South West Oak

18. (a) Signature of funeral director Wilson

(b) Address Orick MO

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19 1942
year 41 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from called in on coroner 1942 to 15-2-42 1942 that I last saw him alive on _____ 1942 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to arteriosclerosis

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

Major findings: Of operations _____ Of autopsy _____

MOTHER FATHER

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) Means of injury _____
23. Signature Richard W. _____ (M. D. or other) _____
Address Orick Mo Date signed 4/19/42

64.7

11/7/41

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-13-41

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.....

C. O. Gibson

Licensed Embalmer No. 2299

P. O. Address Oriskany Me

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15650

Registration District No. 743

Primary Registration District No. 2970

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Orbeck T.P.
(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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James L. Stokes
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 77 Months 4 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4/21/49 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month 4 day 19
year 1949 hour _____ minute _____ 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 _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

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 [Signature] (M. D. or other)
Address Richmond Mo Date signed _____

SUPPLEMENTAL

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-15650