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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24463

State File No. 1

DIED AUG 11 1941

Registration District No. 66

Primary Registration District No. 570.2 B

Registrar's No. 7

1. PLACE OF DEATH:  
 (a) County Bollinger  
 (b) City or town Rural Lorange Township  
 (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 3 (Specify whether  
 In this community 3 years, months or days)

3. (a) PRINT FULL NAME Lee Doroy Stokes  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-10-9347

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Luella Stokes 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 6 1911  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 2 14 hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lee Stokes  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Edna Unknown  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stokes - Mother

(b) Address 3rd and Benton St. Valley Park, Mo.

17. (a) Burial (b) Date thereof July 22, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis N. Bopp, Inc.

(b) Address 131 W Argonne Dr Kirkwood Mo.

19. (a) 7/20/41 (b) Mrs. Helen F. Schaubert  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 096  
 (a) State Missouri (b) County St Louis 16  
 (c) City or town Valley Park 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3rd and Benton Valley Park, Mo.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th  
 year 1941 hour 2:00 minute 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 Accidental Death  
 Due to Automobile Accident

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) Accident 009  
 (b) Date of occurrence 7/22/41  
 (c) Where did injury occur? Bollinger Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Highway # 51  
 (Specify type of place) (e) Means of injury Internal

While at work? \_\_\_\_\_ (c) Means of injury Internal

23. Signature J. C. Graham (M. D. or other) Physician  
 Address Zubartville Date signed 7/27/41

Duration  
 Underline the cause to which death should be charged statistically.

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

29  
00  
0

AUG 9 1941

AUG 14 1941

AUG 15 1941

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.....

Licensed Embalmer No. 4010

P. O. Address.....

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. 24463

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7 -

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town \_\_\_\_\_  
(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

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 \_\_\_\_\_

3. (a) PRINT FULL NAME

Lee D. 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 M -

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

8. AGE: Years Months Days 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 (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 - 41  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death: Acct - death by auto - his auto left loose + turned over several times  
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) accid -

(b) Date of occurrence 7-22-41

(c) Where did injury occur? Bollinger Co. Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway II 510

While at work? No (Specify type of place) (e) Means of injury Vehicle chert internal

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

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

MOTHER FATHER

of injury vehicle, M.D.

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

5-24-463