

**FILED** AUG 9 1941 719  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5950

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Stahl, Mo.  
(c) Name of hospital or institution: Glen View  
(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 Putnam (b) County Putnam  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Stahl Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CHARLES LEWIS STOKES

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M - C 5. Color or race W - 6. (a) Single, widowed, married, divorced Div.  
6. (b) Name of husband or wife Talia Starlan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Month) 7-2 (Day) 14 (Year) 1971

8. AGE: Years 65 Months 0 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

11. Industry or business Agriculture

12. Name John Stokes

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

14. Maiden name MELINDA GARLAND

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

16. (a) Informant Leon Stokes

(b) Address 1911 So 11th St. Stahl Mo.

17. (a) BURIAL (b) Date thereof June 30 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HOME

18. (a) Signature of funeral director Anna Funeral Home

(b) Address Kirkville, Mo.

19. (a) July 8 - 1941 (b) Minnie Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1941 hour 2 minute — P. 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 Acute Myocarditis  
Due to \_\_\_\_\_  
Due to 930  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations ✓  
Of autopsy no.

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 factory

23. Signature Chas. Fowler (Mr. or other) ✓  
Address Amoville, Mo. Date signed 6/28/41

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

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

RECEIVED

District Health Officer No. 10

District File Number

8-41-1414

Date Filed

AUG 6 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

Harold N. Hegal

Licensed Embalmer No.

4076

P. O. Address

Finksville, N.C.

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.