

FILED AUG 9 1941 7/19  
Registration District No. 719

Primary Registration District No. 595-U

State File No. \_\_\_\_\_

Registrar's No. 19

1. PLACE OF DEATH:

(a) County. PUTNAM  
(b) City or town. RURAL - ELMTLA  
(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 75 years (years, months or days)

3. (a) PRINT FULL NAME. AWA WINIFRED STOCKTON

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

4. Sex FEMALE  
6. Color or race WHITE  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife THOMAS STOCKTON  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JANUARY 1845 (Month) (Day) (Year)

8. AGE: Years 96 Months 6 Days 2  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business Housework

MOTHER FATHER  
12. Name ALEXANDRA TRENT  
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH PINE CABOTREE  
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant Alfred Gillum

(b) Address Unionville Mo

17. (a) BURIAL (b) Date thereof JULY 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation THOMPSON CEMETERY

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

(b) Address Unionville Mo

19. (a) July 28 - 1941 (b) Mammie Martin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PUTNAM  
(c) City or town RURAL, Unionville Mo (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23 year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 16, 1941, to July 23, 1941, that I last saw her alive on July 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of R.S. hip  
Duration 7/16/41

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Logo static pneumonia (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) calculator  
(b) Date of occurrence July 16, 1941  
(c) Where did injury occur? home (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature N.W. Gillum (M.D. or other) M.D.  
Address Unionville, Mo Date signed July 28

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

RECEIVED

District Health Officer No. 10

District File Number

8-41-1412

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

*J. M. Comstock*

Licensed Embalmer No.

3891

P. O. Address

*Thionville Mo*

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25958  
Registrar's No. 19

Registration District No. 719

Primary Registration District No. 5950

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town 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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Anna W. Stockton

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

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

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ 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)

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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 23 Year 1941 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

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

Immediate cause of death: intercapsular fracture of r. hip

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: hypostatic pneumonia (Include pregnancy within 6 months of death)

Major findings: 1862 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident Fall

(b) Date of occurrence July 16, 1941

(c) Where did injury occur? home Putnam Mo (City or town) (County) (State)

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

23. Signature A. W. Shelton (M.D. or other) \_\_\_\_\_  
Address Annsville Mo Date signed July 23

Duration

7/16/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

