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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31434

Registration District No. 235 Primary Registration District No. 5320 Registrar's No.

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Rural South Morgan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2½ miles South west Dadeville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade 29
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Luther Bascum Stockton
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mable Stockton
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. (Month) 1 (Day), 1878 (Year)

8. AGE: Years 63 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Wise County (City, town, or county) Texas 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ✓
MOTHER FATHER
12. Name Calvin Stockton
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Standard
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Clyde Stockton
(b) Address Everton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pemberton
18. (a) Signature of funeral director Crum & Dinsiddie
(b) Address Dadeville Mo Miller
19. (a) 9/12 41 (Date received local registrar) (b) B B Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1941 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sep 7, 1941, to Sep 10, 1941; that I last saw him alive on Sep 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — Duration: 3 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: none

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature B B Kirby (M. D. or other)
Address Dadeville Mo Date signed 9/12 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 L. P. Dinwiddie

Licensed Embalmer No. 3786

P. O. Address Vadenville mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.