

S. No. 2
1-11-10-39
v. 5-17-39
I X21492

14479

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 11 1942

Registration District No. 379

Primary Registration District No. 5529

Registrar's No. 7

600

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town "Rural" Chanton, Mo.
(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 About 76 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard ⁴⁵

(c) City or town Glasgow "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles northeast
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ year.

3. (a) PRINT FULL NAME Joseph Anthony Stockman

8. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 11 minute 15 P.M.

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Sophia Stockman 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: July 25 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan
_____, 1942, to 4 26, 1942

that I last saw him alive on _____, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>1</u>	_____ hr. _____ min.

Immediate cause of death Heart condition

Due to Intestinal reflux

Due to Carbonic Tissues

9. Birthplace St. Mary's Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none ¹²⁴⁸

Of autopsy none

11. Industry or business Farming

MOTHER FATHER { 12. Name John Stockman

{ 13. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Amelia Semik

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

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? _____

16. (a) Informant Mrs. Sophia Stockman

(b) Address Glasgow Mo

17. (a) Burial (b) Date thereof Apr. 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington cemetery Glasgow Mo

18. (a) Signature of funeral director W. H. Kitchen
(b) Address Glasgow Mo

19. (a) Apr 29, 1942 (b) Thomas D. Kelly
(If to be received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(f) Means of injury 0

23. Signature W. H. Kitchen (M. D. or other) _____

Address Glasgow Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

4224 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-9-42

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 _____

E. W. Freeman

Licensed Embalmer No. 3978

P. O. Address Glasgow 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, above space should be left blank.