DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 8940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15883

Primary Registration District No. 6195

Registrar's No. 22

1. PLACE OF DEATH:
(a) County: WAYNE
(b) City or town: Coldwater (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 years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Wayne
(c) City or town: Coldwater (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.? ..... years

3. (a) PRINT FULL NAME: EMANUEL Q. STOKELY

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: MALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of ~~husband or~~ wife: Sarah Ann Stokely

6. (c) Age of ~~husband or~~ wife if alive: 69 years

7. Birth date of deceased: JAN. (Month) 27 (Day) 1868 (Year)

8. AGE: Years 74 Months 2 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: WAYNE County (City, town, or county) (State or foreign country)

10. Usual occupation: Sailorman

11. ~~Industry or business~~: ~~Newton Stokely~~

MOTHER FATHER
12. Name: Newton Stokely
13. Birthplace: WAYNE County Mo. (City, town, or county) (State or foreign country)
14. Maiden name: EDDY Lovelace
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs Josie Paulus
(b) Address: Coldwater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Coldwater, Mo.

18. (a) Signature of funeral director: William Coder
(b) Address: Piedmont Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 1942, to April 7, 1942, that I last saw h~~im~~ alive on April 6, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Bronchitis	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

106 f

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 .....

23. Signature: O. A. Myers, M.D. (M. D. or other)
Address: Marble Hill, Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-39 1 X19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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~~ William Coder, Registered Apprentice No. ....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Mo.

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.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15883

Registration District No. 890

Primary Registration District No. 6195

Registrar's No.

1. PLACE OF DEATH:

(a) County: Wayne

(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 years, months or days)

In this community

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: Emanuel G. Stokely

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

7. Birth date of deceased: Jan (Month) 27 (Day) 1868 (Year)

8. AGE: Years 74 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) april 8-1942 (Date received local registrar) (b) Inez Dennis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr. day 7 year 1942 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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)

(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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

1942
S-15883