

FILED JUL 13 1942

Registration District No. **1165**

Primary Registration District No. **5231**

Registrar's No. **41**

20
00
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural-Linn Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX X
XXX (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar **20**

(c) City or town Rural-Linn Township **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. XXX (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) **0**
If yes, name country XXX

3. (a) PRINT FULL NAME Bertha Stockstill

3. (b) If veteran, name war XX

3. (c) Social Security No. XXXX

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Harry Stockstill

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 11 1886
(Month) (Day) (Year)

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

56 1 10 hr. min.

9. Birthplace Stockton, Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER

12. Name Hamp Bandon

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

14. Maiden name Unknown

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

16. (a) Informant Wilhelm Stockstill

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof: 6-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandridge

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) July 2-42 (b) Mrs. M. M. Bright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1942 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw her alive on 6-21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage i.d.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: g3a!

Of operations _____

Of autopsy _____

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)

23. Signature Wm. L. Kuttel (M.D. or other) **0**

Address Stockton, Mo Date signed 6-23-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7

District File Number 7-42-748

Date Filed 7-10-42

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 Melvin Church.....

Licensed Embalmer No. 3272.....

P. O. Address Stockton 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, fact should be so stated above.