

Filed JAN - 9 1943

Registration District No. 112

Primary Registration District No. 5429

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

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town RURAL LYON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Geshe Mo R.R. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FREDERICK W. Stokte

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 Ida 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Oct. 4 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

11. Industry or business

12. Name FRANZ Stokte  
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)  
14. Maiden name MARIE Bottemiller  
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Ida Stokte  
(b) Address Geshe Mo R.R.

17. (a) Burial (b) Date thereof Dec 4 1942 (Month) (Day) (Year)  
(c) Place of burial or cremation Salem Mc Clint Geshe mo

18. (a) Signature of funeral director H. Semme  
(b) Address Beaufort mo

19. (a) Dec 3-4 (b) W. Deussen (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 10 1935 to Dec 1 1942 that I last saw him alive on Dec 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-vascular renal disease

Duration

79ad

Due to 13/a  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation  
Of autopsy No 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?

23. Signature H. Matthews (Specify type of place) (c) Means of injury \_\_\_\_\_  
Address Beaufort Mo Date signed 12/3/42

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**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.....  
*E. H. Jernum* Registered Apprentice No.....  
working under my personal supervision.

Signed *E. H. Jernum*

Licensed Embalmer No. *3070*

P. O. Address *Beaufort 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.**