S. No. 2
—9-4-41
5-17-39
PI X29484

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1942 128

Registration District No. ~~318~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 40801

Registrar's No. 936

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1904 EAST / AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 66 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1904 East Ave
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OSCAR ERVIN STOCKDALE

3. (b) If veteran, name war Unknown

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife IVA MAY STOCKDALE

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased AUG. (Month) 29 (Day) 1876 (Year)

8. AGE: Years 66 | Months 3 | Days 28 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Blacksmith

11. Industry or business Blacksmith

FATHER
12. Name Joseph Stockdale
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Iva May Stockdale
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St Luke Cem

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 12-29-42 (Date received local registrar) (b) O. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1942 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12/26, 1942 to 10/2/26, 1942
that I last saw him alive on Dec 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Acute~~ ~~Indigestion~~ Coronary

Due to acclusion

Due to arteriosclerosis.

Other conditions ~~Paralysis~~ Left Side
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

Duration ~~3 mo~~

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) no

(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? no
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. F. Freeman (M. D. or other)

Address Springfield Mo. Date signed 12/29/42

(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.....J. B. Klinger

Licensed Embalmer No. 3358

P. O. Address.....Springfield. 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.