

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 15 1943

Registration District No. 1694

Primary Registration District No. 5617

Registrar's No. 79

52
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Knott County
 (a) County Knott County
 (b) City or town Rural Fabius
 (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 76 yrs. (Specify whether years, months or days)
 In this community 76 yrs.

3. (a) PRINT FULL NAME Ella Stokes
 3. (b) If veteran, name war: _____
 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Charles J. Stokes
 6. (c) Age of husband or wife if alive 26 years (Day) (Year)
 7. Birth date of deceased Dec 26 - 1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business
 12. Name Richard Boone
 13. Birthplace Beaver Co. Penn
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Bryan
 15. Birthplace Beaver Co. Penn
 (City, town, or county) (State or foreign country)

16. (a) Informant George Stokes
 (b) Address Newark, Mo.

17. (a) Burial (b) Date thereof Jan 4 - 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark Cemetery

18. (a) Signature of funeral director W. Musgrove
 (b) Address Bethel, Missouri

19. (a) Jan 10 - 43 (b) Nell Northcutt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 52
 (a) State Missouri (b) County Knott
 (c) City or town Rural Fabius
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 mi. West of Newark Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
 year 1943 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 2, 1943
 to Jan 2, 1943
 that I last saw her alive on Jan 1, 1943
 and that death occurred on the day and hour stated above.

Immediate cause of death Creme Poisoning Duration 2 mo

Due to Chronic Nephritis 3 year

Due to _____

Other conditions Chronic Myocarditis
 (Include pregnancy within 3 months of death)

Major findings: 12/15
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 Signature Waldo B. Jones (M. D. or other) MD
 Address Newark Mo Date signed Jan 4/43

RECEIVED

District Health Officer No. 10

District File Number 2-43-329

Date Filed FEB 16 1943

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.....

[Signature]....., Registered Apprentice No.
working under my personal supervision. ✓

Signed *[Signature]*.....

Licensed Embalmer No. 2719

P. O. Address Bethel, 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.