

LED APR 8 1943  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 4009

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Judson  
 (b) City or town Paranah, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Dr. Melolo's Paranal  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2-25-43 to 3-27-43  
 (Specify whether years, months or days) 4 weeks, 2 days

3. (a) PRINT FULL NAME GEORGE W. STOCKHAM

3. (b) If veteran, name war. \_\_\_\_\_ 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 Mary Alma Stockham 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased October 28 1852  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>4</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph Stockham

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

14. Maiden name Katherine Dewey

15. Birthplace Unknown Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Alma Stockham

(b) Address Sedgwick Colo.

17. (a) Removal (b) Date thereof 3/28/1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Julesburg Colo.

18. (a) Signature of funeral director Walter Reichhoffer

(b) Address 13th. & Faron St. St. Joseph, Mo.

19. (a) 3-28-43 (b) J.H. Fritchman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Sedgwick  
 (c) City or town Sedgwick  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27  
 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-25-43  
3-27-43, 19\_\_\_\_, to\_\_\_\_, 19\_\_\_\_  
 that I last saw him alive on 3-27-43, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Sclerosis  
(Bilateral Basal Bleed)

Duration unknown  
3 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Carcinoma Right Breast  
 (Include pregnancy within 3 months of death) as above

Major findings: Removal Right Breast

Of autopsy 50

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 \_\_\_\_\_

23. Signature Floyd H. Gerner (M.D. or other) \_\_\_\_\_  
 Address Paranah, Mo. Date signed 3-27-43

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

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

**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.**