

ED MAY 8 1948
Registration District No. 753

Primary Registration District No. 3022

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(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 _____ (Specify whether
years, months or days)

In this community 1 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Bethany
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beatrice Jones Stockstill

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race w. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Doyal E Stockstill 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased August 3, 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>8</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation Stenographer

11. Industry or business Social Security (State)

12. Name Ralph H. Jones

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

14. Maiden name Eula L. Troxell

15. Birthplace Milan Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eula Jones

(b) Address Milan Mo.

17. (a) Removal (b) Date thereof 4/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milan, Mo.

18. (a) Signature of funeral director Schoene Funeral Home

(b) Address Milan Mo.

19. (a) April 26-43 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 1:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 26, 1943 to April 26, 1943
that I last saw her alive on April 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus
peritonitis Duration
3 days

Due to Streptococcus
septicemia

Due to _____

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: —

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 —

23. Signature Zola M. Burris (M. D. coroner)
Address Bethany, Mo. Date signed 4-26-43

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

MOTHER FATHER

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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.....

P. O. Address.....

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.