

FILED SEP 9 1943  
Registration District No. 22

Primary Registration District No. 4108

1. PLACE OF DEATH:

(a) County... Cedar

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

(c) Name of hospital or institution: XX X /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)

In this community... XXX (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. <sup>20</sup>

(b) County... Cedar

(c) City or town... Stockton, Missouri  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country... XXX

3. (a) PRINT FULL NAME Alfred H. Preston

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20  
year 1943 hour 10 minute 30 P.M.

4. Sex Male 0  
5. Color or race white 0  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife XXX  
6. (c) Age of husband or wife if alive XXX years  
7. Birth date of deceased Mar. 27, 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20, 1943 to Aug. 20, 1943  
that I last saw him alive on Aug. 7, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
81 4 23 XXXXXX min.

Immediate cause of death  
Cerebral degeneration 1 yr.

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

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

10. Usual occupation Farming

11. Industry or business XXXX

12. Name William S. Preston

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

14. Maiden name Nancey J. Mellard

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

16. (a) Informant W. S. Preston  
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 8-22-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director Church and Neale  
(b) Address Stockton, Missouri

19. (a) 8-30-43 (b) Mrs. Ethel C. Church  
(Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_

23. Signature J. J. Lebere (M. D. or other) J. J. Lebere  
Address Stockton, Mo. Date signed 8-23-43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

Officer No. 8-43-881  
9-3-43

**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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton*

**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.**