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S. No. 2
M-2.43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
110 So Douglas St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 27 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")

(d) Street No. 110 So Douglas St
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph F Stockard

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1943 hour 3 minute 45 P.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married. 1 divorced Married

6. (b) Name of husband or wife Madge Stockard 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased July 30 - 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 31, 1943, to 10-28, 1943
that I last saw him alive on 10-28, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 2 28 br. _____ min.

Immediate cause of death Aspirated bacterial pneumonia
Due to Cerebral thrombosis

Duration 2 weeks
2 1/2 wks

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

Due to _____

10. Usual occupation Veterinary

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business Gen Practitioner

Major findings: 107

12. Name John H. Stockard

Of operations _____

13. Birthplace Ray County (City, town, or county) Mo (State or foreign country)

Of autopsy _____

14. Maiden name Elizabeth Thomson

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs Madge Stockard

(a) Accident, suicide, or homicide (specify) _____

(b) Address Lee's Summit Mo

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-43
(Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Mt. Mark T. G. M

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director J. B. Langford

While at work? _____ (Specify type of place) (e) Means of Injury _____

(b) Address Lee's Summit Mo

23. Signature Effie Schick (M. D. or other) 10/28/43
Address Lee's Summit Mo Date signed _____

19. (a) Oct 30, 1943 (Date received local registrar) J. H. Schick (Registrar's signature)

1162

(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

W. B. Langsford

Licensed Embalmer, No.

3833

P. O. Address

Lee's Summit 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.