

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3848

State File No.

Registrar's No.

FILED DEC 10 1943

Primary Registration District No. 2001

618

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
2503 Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2503 Main St.
(If rural, give location)

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

3. (a) PRINT FULL NAME James Matthew Stokes

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frances Stokes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9, 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Sam Stokes

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

14. Maiden name Isabel Myers

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

16. (a) Informant Miss Carrie Ross

(b) Address 2503 Main St., Joplin, Mo.

17. (a) Removal (b) Date thereof 11-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park-Pittsburg, KS.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 11-6-43 (b) Gutentub Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1943 hour 2:10 A. minute _____ M.

21. I hereby certify that I attended the deceased from 10-9-43 to 11-3-43 that I last saw him alive on 11-3-43 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Cardio-renal disease
Sclerosis, Arterio-
Chr. Interstitial Nephritis
Severe Myocardial Exhaustion.

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

Major findings: Of operations no. Of autopsy no.

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 Ebernet Johnson Date signed 11/5/43
Address 617 + naco

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

MOTHER FATHER

102 34

48-11-969

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 Larry K. Woodard

Licensed Embalmer No. 959

P. O. Address Joplin 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.