

FILED JAN 14 1943

Registration District No. _____

Primary Registration District No. 5446

State File No. _____

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Stanton
(b) City or town Stanton
(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)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Stanton
(c) City or town Stanton (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 _____

3. (a) PRINT FULL NAME Ms. Chester Norton Stocum

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 70N2

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

6. (b) Name of husband or wife Mr. Earl Perry Stocum 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept 13 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business Home

12. Name George Warren Stocum

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

14. Maiden name Stanton

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

16. (a) Informant Dr. E. Palmer

(b) Address Stanton, MD

17. (a) _____ (b) Date thereof 12/23/43 (Month) (Day) (Year)

(c) Place: burial or cremation Stanton, MD

18. (a) Signature of funeral director Stanton, MD

(b) Address _____

19. (a) 12/23/43 (b) Stanton, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1943 hour 1 minute 59 M.

21. I hereby certify that I attended the deceased from Dec 8 1943, to Dec 21 1943 that I last saw him alive on Dec 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to infarction

Due to _____
Other conditions (include pregnancy within 3 months of death) None

Major findings: None
Of operations None
Of autopsy None

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

22. If death was due to external causes, fill in the following: None
(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?

23. Signature D. E. Palmer (Specify type of place) (e) Means of injury None

Address Stanton, MD Date signed 12/23/43

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

BRAIN SERIC

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 *Walter H. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stanton, 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.