No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2814

State File No.

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry.
(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
In this community 33-5-0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Gentry.

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

(d) Street No. West Second Street, 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Joseph Lamar Stockton

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male.

5. Color or race Wht

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

6. (b) Name of husband or wife Mollie E Stockton

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 11 (Month) 9 (Day) 1867 (Year)

8. AGE: Years 76 Months 1 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Lathrup (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Stock Raising.

FATHER
12. Name John Stockton
13. Birthplace Dont Know. (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mollie Scott
15. Birthplace Plattsburg (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Mollie E. Stockton
(b) Address Stanberry Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12-31-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hall Cemetary, at Stanberry

18. (a) Signature of funeral director J Evan Johnson
(b) Address Stanberry Mo.

19. (a) Jany 7-1944 (Date received local registrar) (b) Homer W. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1943 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from December 27th 28 & 29, 1943, to December 29, 1943; that I last saw him alive on December 29, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Right Long.	
Due to Influenza	
Due to and Old age	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

33a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R H Beck D.O. (~~M.D.~~ or other)

Address Stanberry Mo Date signed 1/5-44

(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~~ .....

J. Evan Johnson ....., Registered Apprentice No. ✓ .....

working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.