

2-43
7-39
X38627

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5102 Grand Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Unknown
years, months or days

3. (a) PRINT FULL NAME Louis Stockstill
3. (b) If veteran, name war No.
3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased Jan 7 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 0
If less than one day _____ hr _____ min

9. Birthplace Unknown Colo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner's Office
(b) Address Court house

17. (a) Removed (b) Date thereof 1-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rocky Ford, Colo.

18. (a) Signature of funeral director James Walker
(b) Address 1200 Central Ave. 6th floor

19. (a) 1-11-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colo. (b) County Otero 999
(c) City or town Rocky Ford 5
(If outside city or town limits, write "RURAL") 0
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 7-

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7
year 1945 hour 12:15 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw him Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon-monoxide Gas
Duration _____

Due to _____
Due to _____ 178 C-0

Other conditions (Include pregnancy within 3 months of death) _____
14

Major findings: History & Inspection
Of operations _____
Of autopsy not
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) accident 123
(b) Date of occurrence 1-7-45

(c) Where did injury occur? 510 1/2 Industrial P.E. Jackson - road
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home

(a) Signature of physician James Walker
(b) Address 1424 Poplar St
(Specify type of place) (City or town) (County) (State)
(c) Means of injury Gas burner
(M. D. or other) Coroner

23. Signature James Walker
Address 1424 Poplar St Date signed 1-10-45
(M. D. or other) _____

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

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.....

Francis Melton
working under my personal supervision.

Registered Apprentice No. *2744*

Signed *J. B. [Signature]*

Licensed Embalmer No. *2744*

P. O. Address *H. E. 240*

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.