

Registration District No. 210

Primary Registration District No. 5777

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural - Rayona Twp.  
(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 69 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) Yes  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Allettie Elva Stockman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

(b) Name of husband or wife Charles Stockman 6. (2) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 28, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>I</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Mercer Co. Mo. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Own Home

12. Name N. A. Gorman

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

14. Maiden name Sarah Corbin

15. Birthplace Penn. (1)  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Hodge

(b) Address Princeton Mo.

17. (a) Burial (b) Date thereof 5/6/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilder Cemetery

18. (a) Signature of funeral director P. O. Shuler

(b) Address Lineville Iowa

19. (a) 5/12/45 (b) Leon Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1945 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 days  
due to hypertension of  
interstitial nephritis 2 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 1/3/10  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John H. ... (M. D. or other) \_\_\_\_\_  
Address Princeton Mo. Date signed 5/7/45

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

65

16

1561

RECEIVED  
District Health Officer No. 111  
District File Number  
Date Filed

**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 Ames L. Grunlee  
Licensed Embalmer No. 3967  
P. O. Address Linnville, Va.

**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.**

Amended Copy

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 14 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17534**  
Registrar's No. **24**

Registration District No. **210** Primary Registration District No. **S 777**

**1. PLACE OF DEATH:**  
(a) County Mercer  
(b) City or town Rural - Beverly Twp.  
(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 \_\_\_\_\_  
In this community 69 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Mercer  
(c) City or town Rural  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No.  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Allettie Elva Stockman  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security No.** None  
**4. Sex** Female **5. Color of race** White  
**6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** Charles Stockman  
**6. (c) Age of husband or wife if alive** Dickens Stockman years  
**7. Birth date of deceased** March 28, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>I</u>	<u>7</u>	hr. min.

**9. Birthplace** Mercer Co. Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housekeeper

**11. Industry or business** Own Home

**12. Name** Nicholas M. Gorman

**13. Birthplace** Warren County, PA Ohio  
(City, town, or county) (State or foreign country)

**14. Maiden name** Sarah Corbin Penn.

**15. Birthplace** Cataragas County, NY Penn.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Robert Hodge

**(b) Address** Princeton Mo.

**17. (a) (Burial, cremation, or removal)** Burial **(b) Date thereof** 5/6/45  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Wilder Cemetery

**18. (a) Signature of funeral director** D. O. Linnell  
**(b) Address** Lineville Iowa

**19. (a)** 5/12/45 **(b)** Ivan Masher  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 5  
year 1945 hour 8 minute \_\_\_\_\_ P. M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**Immediate cause of death**  
Cerebral Hemorrhage **Duration** 10 days  
Due to hypertension  
interstitial nephritis **2 yrs**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**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? \_\_\_\_\_

**23. Signature** Ivan Masher (M, D, or other) \_\_\_\_\_  
**Address** Princeton Mo. **Date signed** 5/7/45  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

#6, 12, 13, 15 amended by affidavit of funeral home 10-02-07 mjd

