No. 2
—8-43
5-17-39
I X37823

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

20399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 326 13 1 Primary Registration District No. 4196 4202 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Spickard, Mo.
(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 All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

(c) City or town Mercer, U.S.A. Now
(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 Tipton E. Stockman

3. (b) If veteran, name war World War 2

3. (c) Social Security No.

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 May (Month) 28 (Day) 1909 (Year)

8. AGE: Years 35 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer U.S.A. Now

11. Industry or business

FATHER
12. Name John Stockman
13. Birthplace Mercer Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ruth Evans
15. Birthplace Mercer Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. John Smith
(b) Address Princeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ravanna

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) June 10 (Date received local registrar) (b) John E. Keith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Month day 26 year 1945 hour about 2 or 3 minute a 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: ~~Of operations~~ apparently tried to hop a freight train

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? Close to Spickard Mo Depot (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 See above

23. Signature Raylor Meter 3 (M. D. or other) Corona

Address Trenton Mo Date signed 5-31-45

1199

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 2 1952

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 H. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 131 Primary Registration District No. 4202 Registrar's No. 116

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Spickard
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jepter E. Stockman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced U
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 2 1945 (Month) (Day) (Year)
8. AGE: Years 35 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 26 year 1945 hour minute 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 — Duration
Due to
Due to
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) Walked into side of freight train
(b) Date of occurrence May 26, 1945
(c) Where did injury occur? Spickard Grundy Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Close to Spickard Depot (Specify type of place)
While at work? No (e) Means of injury Walked into moving train
23. Signature Clayton Meier Coroner (M.D. or other)
Address Trenton Mo Date signed 6-23-45

SUPPLEMENTARY

AUG 21 1945

S-32399