

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 12

Primary Registration District No. 4026

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Jenkins
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BARRY 5

(c) City or town JENKINS
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL STOCKTON

3. (b) If veteran, name war --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced M 1

21. I hereby certify that I attended the deceased from _____, 1945 to _____, 1945
that I last saw him alive on Oct. 2, 1945
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mary Stockton

6. (c) Age of husband or wife if alive 70 years

Immediate cause of death Chronic Nephritis

Duration _____

7. Birth date of deceased Nov. 18, 1865
(Month) (Day) (Year)

Due to _____

Due to _____

8. AGE: Years 79 Months 10 Days 15
If less than one day _____ hr. _____ min.

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

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

Major findings:
Of operations _____

Of autopsy 13/14

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

10. Usual occupation farmer

11. Industry or business _____

12. Name James Stockton

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

14. Maiden name Rebecca Martindale
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Stockton

(b) Address Jenkins, Mo.

17. (a) burial (b) Date thereof 10/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOKINGCEM.

18. (a) Signature of funeral director [Signature]

(b) Address Cassville, Mo.

19. (a) 12-5-45 (b) Mrs. Gene Hudson
(Date received local registrar) (Registrar's signature)

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 Glen D. Salzer (M. D. or other) M.D.

Address Cassville Mo. Date signed Oct. 11

520

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.....



Licensed Embalmer No. 3453

P. O. Address. Cassville, 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.