

State File No. \_\_\_\_\_

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 216

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Cathage  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Stone Memorial Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 6.5 yrs  
 years, months or days)

3. (a) PRINT FULL NAME Wm. Denton Stockton  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Julia Stockton 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased April 23 1876  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dade County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas Stockton

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

14. Maiden name Lena J. Cantrell

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

16. (a) Informant Julia Stockton

(b) Address W. 2 Jasper

17. (a) Burial (b) Date thereof Dec 2 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Cem

18. (a) Signature of funeral director M. H. City

(b) Address M. H. City

19. (a) 12-4-45 (b) K. B. Centon  
 (Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 30  
 year 1945 hour 11:40 minute 0 A. M.  
 21. I hereby certify that I attended the deceased from Nov 27th  
 1945 to Nov 30th, 1945;  
 that I last saw him alive on Nov 30th, 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia Duration \_\_\_\_\_

Due to Capillary Bronchitis

Due to Chronic Bronchopneumonia

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 101

**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 2

23. Signature J. Darwin Magee (M. D. or other) DO  
 Address Jasper, Mo. Date signed 12/2/45

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

MOTHER FATHER

45-11-940

**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 myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.**