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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8386

Registration District No. 2

Primary Registration District No. 5019

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Andrew Co

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

(c) Name of hospital or institution: R7D#4 Rochester Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 18 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew

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

Street No. R7D#4 Rochester Twp (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM J. STOCKTON

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race Wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche

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

7. Birth date of deceased May (Month) 27 (Day) 1869 (Year)

8. AGE: Years 76 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Stockton
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Emila Bradshaw
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Elmer G. Stockton

(b) Address St Joseph Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof March 22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Memo-Park Cem

18. (a) Signature of funeral director Stamey Funeral Home

(b) Address St Joseph Mo

19. (a) 3-20-46 (Date received local registrar) (b) Lillian Spark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1946 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from None, 19, to, 19; that I last saw him alive on —, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	5 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94W

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

23. Signature Gilbert B. Kelley (M. D. or other) MD

Address Savannah, Mo. Date signed Mar. 20, 1946

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(Licensed Embalmer's Statement on Reverse Side)

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 John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address: St Joseph

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.