

S. No. 2
M-5-43
ev. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
REGISTRATION DISTRICT
FILED JUL 11 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20016**
Registrar's No. **555**

Registration District No. **128** Primary Registration District No. **2000**

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

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **Springfield Baptist Hospital**
(d) Length of stay: In hospital or institution **24 Days**
In this community **40 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Rural - W. Campbell**
(d) Street No. **Springfield Route # 5**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **RUBY IRENE STOKES**
(b) If veteran, name war **None**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **28th**
year **1946** hour **9:10 A.M.** minute _____ M. _____
21. I hereby certify that I attended the deceased from **6-2** 19**46** to **6-28-46** 19_____
that I last saw h. **sc** alive on **6-28-46** 19_____
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Paul W. Stokes**
6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **August 12, 1893**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary Edema**
Due to **Hepatitis - acute**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **52** Months **10** Days **16**
If less than one day _____ hr. _____ min.

Major findings: **Liver congested, fluid in abdomen**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Macomb, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**
11. Industry or business **None**
12. Name **Joseph Jacoby**
13. Birthplace **Philadelphia, Pennsylvania**
14. Maiden name **Martha Cochran**
15. Birthplace **Quincy, Illinois**

16. (a) Informant **Paul W. Stokes**
(b) Address **R.F.D. 5, Springfield, Missouri**
17. (a) **Burial** (b) Date thereof **June 30 - 1946**
(c) Place: burial or cremation **Greenlawn**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **W. H. Handley** (M.D.)
Address **Springfield, Mo** Date signed **7/2/46**

18. (a) Signature of funeral director **Fred O. Thieme**
(b) Address **Springfield, Missouri**
19. (a) **6-29-46** (b) **W. H. Handley**
(Date received local registrar) (Registrar's signature)

MAY 17 1955

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..... *Fred C. Thieme*

Licensed Embalmer No. 2899

P. O. Address..... Springfield, 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.