

No. 2  
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-17-39  
X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 20 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**36580**

Registration District No. 109 Primary Registration District No. 4180 State File No. \_\_\_\_\_  
Registrar's No. 20

**1. PLACE OF DEATH:**  
(a) County Dunklin  
(b) City or town Wilhelmina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 22 yrs. years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Dunklin  
(c) City or town Wilhelmina  
(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** Mike Stocker  
**3. (b) If veteran,** name war none  
**3. (c) Social Security** No. none

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month October day 17  
year 1946 hour \_\_\_\_\_ minute 6:15 A. M.  
**21. I hereby certify that I attended the deceased from**  
9:30 1946 to 10:14 1946  
(that I last saw him alive on 10:14 1946  
and that death occurred on the date and hour stated above.)

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Anna Stocker  
**6. (c) Age of husband or wife if** alive \_\_\_\_\_ years  
**7. Birth date of deceased** September 25 1870  
(Month) (Day) (Year)

Immediate cause of death.  
Cardiac Failure Duration 1 wk.  
Due to Toxemia from Decubital ulcers. 8 mo.  
Due to Fracture of pelvis from fall in barn. 50 days.  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations: \_\_\_\_\_  
Of autopsy: 186X  
18

**8. AGE:** Years 76 Months 0 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
**9. Birthplace** Green Creek Austria  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Farming

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.  
\_\_\_\_\_

**MOTHER FATHER**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** Joe Stocker 4  
**13. Birthplace** Green Creek Austria  
(City, town, or county) (State or foreign country)  
**14. Maiden name** unknown  
**15. Birthplace** unknown  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** Victoria Stocker  
**(b) Address** Wilhelmina, Mo  
**17. (a) Burial** (b) Date thereof 10-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Wilhelmina  
**18. (a) Signature of funeral director** Lander Funeral Home  
**(b) Address** Camphill, Missouri  
**19. (a) 10/28/46** (b) Miss Beulah Campbell  
(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)** Accident 35  
**(b) Date of occurrence** Aug. 29 1946  
**(c) Where did injury occur?** Union Twp. Dunklin Co. Mo.  
(City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?**  
In Barn on own Farm.  
While at work? yes. (Specify type of place)  
**(e) Means of injury** Fall.  
**23. Signature** Wallace A Selby (M. D. or other) MD.  
**Address** Camphill Mo. **Date signed** 10/22/46

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

RECEIVED

District Health Office No.

District File Number 1146-13

Date Filed 11-7-46

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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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.**