S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38103

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 353

**1. PLACE OF DEATH:**

(a) County ST. FRANCOIS COUNTY

(b) City or town DESLOGE (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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County ST. FRANCOIS 94

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

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

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

If yes, name country

3. (a) PRINT FULL NAME EMMETT STOKES

3. (b) If veteran, name war

3. (c) Social Security No. 498-10-2396

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife IRENE STOKES

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased MARCH (Month) 11 (Day) 1912 (Year)

8. AGE: Years 34 Months 7 Days 26 If less than one day hr. min.

9. Birthplace ST FRANCOIS (City, town, or county) MO (State or foreign country)

10. Usual occupation SECTION REPAIR

11. Industry or business MO. PACIFIC RAIL ROAD

FATHER
12. Name HENRY STOKES
13. Birthplace (City, town, or county) KY. (State or foreign country)

MOTHER
14. Maiden name DORA DAVIS
15. Birthplace (City, town, or county) MO. (State or foreign country)

16. (a) Informant MRS. EMMETT STOKES

(b) Address DESLOGE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 10-46 (Month) (Day) (Year)

(c) Place: burial or cremation MECHELL

18. (a) Signature of funeral director C. J. Boyer & Son

(b) Address DESLOGE MO

19. (a) 11-9-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOV day 7 year 1946 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from NOV 1 1946 to NOV 8 1946 that I last saw him alive on NOV 8 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute cardiac failure | 5 days |
| Due to Rheumatic valvular heart disease | ?? |
| Due to | |
| Other conditions Lobar Pneumonia (Include pregnancy within 3 months of death) | 5 days |

Major findings:
Of operations
Of autopsy

108

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 0

23. Signature J. L. Foster (M. D. or other)

Address Desloge Mo Date signed Nov 8, 1946

284

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 1146-2879

Date Filed 11-19-46

DEC 9 1946

**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 L. T. Layer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.**