

No. 2
2-45
17-39
X47070

FILED JAN 14 1947

Registration District No. **4167**

Primary Registration District No. **4167**

Registrar's No. **75**

1. PLACE OF DEATH:
 (a) County **De Kalb**
 (b) City or town **Emmitsburg**
 (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 **Life** years, months or days _____

3. (a) PRINT FULL NAME **MINNIE WILHELM STOKES**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widow**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb 1 - 1857**
 (Month) (Day) (Year)

8. AGE: Years **89** Months **9** Days **16** If less than one day hr. min.

9. Birthplace: **St. Joseph Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER
 12. Name **Eulinger**

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

14. Maiden name **Ann Eulinger**

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

16. (a) Informant **Jean Stokes**

(b) Address **Maypsville mo**

17. (a) **Burial** (b) Date thereof **11-20-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maypsville mo**

18. (a) Signature of funeral director **Jean Brown**

(b) Address **Maypsville mo**

19. (a) **11-30-46** (b) **Roscoe Davidson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **De Kalb**
 (c) City or town **Maypsville**
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17**
 year **1946** hour **5** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Aug 1942** to **Nov 16, 1946**
 that I last saw her alive on **Nov 16, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **7 days**

Due to **Hypertension**

Due to **Arteriosclerosis**

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **21**

23. Signature **Harold Parker** (M. D. or other) **H. P.**

Address **Maypsville MO** Date signed **11-19-46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

38596

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 P. Brown

Licensed Embalmer No. 3933

P. O. Address Wayville, 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.