

S. No. 2  
M-5-43  
v. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 16 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1894

State File No. \_\_\_\_\_

Registration District No. 230

Primary Registration District No. 5810

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Montgomery Co.  
 (b) City or town Americus, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 61-1-17 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery Co.  
 (c) City or town Americus, Mo.  
 (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 Walter Wm. Stockhorst.  
 3. (b) If veteran, name war XX  
 3. (c) Social Security No. 498-0759389

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1947 hour 3 minute 45 a. M.  
 21. I hereby certify that I attended the deceased from November 15<sup>th</sup>, 1946 to Jan. 4, 1947  
 that I last saw him alive on Dec. 26, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Elizabeth Stockhorst,  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased Nov 17th, 1885  
 (Month) (Day) (Year)

Immediate cause of death Generalized Carcinomatosis and Metastasis Duration 3 yrs  
 Due to Carcinoma of Right Leg & inguinal glands 5 yrs  
 Due to Hemorrhage and Thrombosis Sub  
 Other conditions (Include pregnancy within 3 months of death)  
Stena due to Anemia

8. AGE:	Years	Months	Days	If less than one day
<u>61</u>	<u>I</u>	<u>I7</u>		hr. min.

9. Birthplace Americus, Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Day laborer & Carpenter

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 55K  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Gerd Stockhorst,  
 13. Birthplace Americus, Mo. (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Korman,  
 15. Birthplace Unknown German. (City, town, or county) (State or foreign country)

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? 0

16. (a) Informant Mrs. Regina McCarty,  
 (b) Address Marthisville, Mo.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7th 47 (Month) (Day) (Year)  
 (c) Place: burial or cremation Rhineland, Mo.

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature E. T. Anderson M.D. (M. D. or other) M.D.  
 Address Montgomery City, Mo. Date signed 1/5/47

18. (a) Signature of funeral director Baron  
 (b) Address Americus, Mo.  
 19. (a) Jan. 7-47 (Date received local registrar) (b) Wm. Cordis Quirk (Registrar's signature)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 1-13-47

NOV 10 1948

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.....

..... **D. B. Baker** ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *D. B. Baker* .....

Licensed Embalmer No. **3375**.....

P. O. Address **Americus, 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.