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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13689**
Registrar's No. **1984**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County HENRY Jackson
(b) City or town KANSAS CITY, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution CHILDRENS MERCY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community 24 days
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Stockdoll, Shirley Anne
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 9, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 26 24 hr. min.

9. Birthplace Clinton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name CARL E. Stockdoll
13. Birthplace Deepwater, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Juanita Howell
Bates (City, town, or county) (State or foreign country)
15. Birthplace Juanita, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Juanita Stockdoll
(b) Address DEEPWATER, MO.

17. (a) Removed (b) Date thereof 5-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLINTON MO.

18. (a) Signature of funeral director J. A. Chausant
(b) Address Clinton Mo.

19. (a) 5-3-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HENRY
(c) City or town DEEPWATER - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3
year 1947 hour 6 minute 20 A.M.
21. I hereby certify that I attended the deceased from April 9, 1947, to May 3, 1947.
that I last saw her alive on May 3, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus, acute, - post meningial
Due to Meningitis, Pneumococcal
Duration _____

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

Major findings: pla
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. M. [unclear] (M. D. or other)
Address 1624 Prop Date signed _____

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

AUG 7 1947

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.

Body not embalmed

Signed *H. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton*

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.