S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29560
8171

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 72
(c) City or town Morehouse 3
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 0 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Amanda Stokes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William J. Stokes
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Feb. 26 (Month) (Day) 1878 (Year)
8. AGE: Years 69 Months 6 Days 0 If less than one day hr. min.
9. Birthplace Johnson Co. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Domestic
11. Industry or business At home
FATHER 12. Name John R. Dunn
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant Willlam J. Stokes
(b) Address Box 192 Morehouse, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) AUG 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1947 hour 10 minute 55 P.M.
21. I hereby certify that I attended the deceased from Aug 8, 1947, to Aug 26, 1947, that I last saw h. alive on Aug 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mesenteric thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions Tuberculosis of ankle (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

PHYSICIAN — Underline the cause of 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
23. Signature F R Bradley (M. D. or other)
Address Barnes Hospital Date signed 8/27/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.