

8. No. 2  
OM-8-43  
v. 5-17-39  
X37823

FILED OCT 1 1947  
77

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 3008

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 143m 6d  
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town Fulton  
(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 GEORGE E. STOKES

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex mo 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan 28 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Madshall eadell 1  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name Alonzo Stokes

13. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

14. Maiden name Stabam

15. Birthplace Indiana 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Fulton mo

17. (a) Burial (b) Date thereof 9-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piper City, Illinois

18. (c) Signature of funeral director Hallace Funeral Home

(b) Address 7th & 2nd Fulton, Missouri

19. (a) 9-15-1947 (b) Joan Morant  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
year 1947 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9/8/47 19 to 9/12/47 19  
that I last saw him alive on 9/12/47 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 4d

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Carbuncle Laxilla  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 107

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)

(c) Means of injury \_\_\_\_\_

23. Signature J. Caldwell (M. D. or other) MD

Address Fulton mo Date signed 9/12/47

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

14  
1  
2

MOTHER FATHER

RECEIVED  
District Health Officer (No. 9)  
District File Number  
Date Filed 9-30-47

**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 *Wenzel C. Browning*  
Licensed Embalmer No. *2724*  
P. O. Address *Fulton 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.**