No. 2
-1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8405

Registration District No. 720 Primary Registration District No. 5450 Registrar's No. 24

1. PLACE OF DEATH:
(a) County: Gentry - Miller Twp.
(b) City or town: Rural - Albany
(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 years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry
(c) City or town: Rural - Albany
(If outside city or town limits, write "RURAL")
(d) Street No.: Miller Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William Marion Stockton
3. (b) If veteran, name war:
3. (c) Social Security No.: 493-14-6384
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 12 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	11	hr. min.

9. Birthplace: Nodaway Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: John Stockton
13. Birthplace: — (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Laura Wells
15. Birthplace: York (City, town, or county) York (State or foreign country)
16. (a) Informant: Russell Stockton
(b) Address: Albany Mo R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Guilford
18. (a) Signature of funeral director: Cliff Burk
(b) Address: Albany Mo
Apr 2-48 (Date received local registrar) Homer N. Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from 3-22-48, 19..., to 3-22-, 1948 that I last saw him alive on 3-22-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac dilatation	
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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: C. J. Pray M.D.
Address: Albany Mo. Date signed: 3-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1950

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 me ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Clifford Burks

Licensed Embalmer No. 3329

P. O. Address Albany 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.