

FILED JUN 8 1948

Registration District No. 98

Primary Registration District No. 5370

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution:
1 Miles East Gallatin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Mile East Gallatin, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME William Harve Stokesberry

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hester Ann Stokesberry 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 9 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1948 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept.
19 47 to 4-28 19 48
that I last saw him alive on 4-28 19 48
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68 1 20 hr. _____ min.

Immediate cause of death _____ Duration _____

Carcinoma, Mandible 2 yrs. & Maxilla

9. Birthplace Livingston County Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Farmer

11. Industry or business General Farming

12. Name William Irving Stokesberry

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

14. Maiden name Mary Ann Gillispie

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

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Wm. Stokesberry

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 5-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lock Springs, Mo.

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) 4 May 1948 (b) Virginia M. Engelhart
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature Hope E. Nelson (M. D. or other) _____
Address Gallatin, Mo. Date signed 5-1-48

**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.....

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

Signed *L. O. Dickson*
.....
Licensed Embalmer No. *3307*
.....
P. O. Address *Gallatin, 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.