No. 300
-10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 7 1948

Registration District No. 385

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3039

State File No. 37272

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Allen 999

(c) City or town New Haven. 12
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Italy Belle Stocks

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

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

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sam J Stocks

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

7. Birth date of deceased December-18-1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	26	..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Wm Smith Hazen
13. Birthplace ..... (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Elizabeth Helm
15. Birthplace ..... (City, town, or county) Canada (State or foreign country)

16. (a) Informant Mrs Fred Hazen

(b) Address Marceline Mo

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

(c) Place: burial or cremation New Haven Indiana

18. (a) Signature of funeral director James M Laughlin

(b) Address Marceline Mo

19. (a) 11-14-1948 (Date received local registrar) (b) Mary Jane Owens (Registrar's signature) HAI

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 14
year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 11, 1948
....., 19...., to Nov 14, 1948
that I last saw her alive on Nov 14, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions Auricular Fibrillation (Include pregnancy within 3 months of death)	

Major findings:
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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Roberow Smith (M. D. [redacted])

Address Marceline, Mo Date signed Nov 14 1948

(Licensed Embalmer's Statement on Reverse Side)

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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.