

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23662

State File No. 3194

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3194</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>Jackson</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 Wallace</u>				d. STREET ADDRESS (If rural, give location) <u>512 Wallace</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NELLIE</u>		b. (Middle) <u>IRENE</u>		c. (Last) <u>STOKES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-1949</u>		5. SEX <u>fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Div.</u>	
8. DATE OF BIRTH <u>Sept 27 1908</u>		9. AGE (In years last birthday) <u>40</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		11. BIRTHPLACE (State or foreign country) <u>Okla.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thos. W. Lepard</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Layman</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Stokes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nettie Lepart 512 Wallace</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Cerebral Embolus</u>				<u>minutes</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		DUPLICATE	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		DUPLICATE		DUPLICATE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21h. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
22. I hereby certify that I attended the deceased from <u>12/7</u> , 19 <u>45</u> , to <u>7/20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/21</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>Vance E. Link, M.D.</u>		23b. ADDRESS <u>1st Nat'l. Bank Bldg. INDEPENDENCE, MO.</u>	
23c. DATE SIGNED		23d. NAME OF CEMETERY OR CREMATORY		23e. LOCATION (City, town, or county) (State)		23f. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-23-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-23-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u>		ADDRESS <u>Mo Kansas City</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. O. Blackman

Licensed Embalmer No.

3639

P. O. Address

R. C. Mc

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.