

REC'D JUL 17 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21597

Do not use this space.

1. PLACE OF DEATH *Chariton* 1  
 (a) County *Chariton* Registration District No. *175*  
 (b) Township *Chariton* Primary Registration District No. *5248* Registered No. *24*  
 (c) City ..... (d) Street No. .... St. ....  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Harry Savage Locke* *200*  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Address Elliot Locke*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 13 - 1865*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*73 2 1*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation *1*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*  
 FATHER 13. NAME *Wm Locke*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*  
 MOTHER 15. MAIDEN NAME *Charlotte Savage*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 17. INFORMANT *Mrs. John Richardson* (ADDRESS) .....  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Asbury* DATE *6/16* 1938  
 19. FUNERAL DIRECTOR *Edo. B. Winkelmeier* (ADDRESS) *2015 Broadway*  
 20. FILED *6/15* 1938 *W. H. Howland* Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 14 1938*  
 I HEREBY CERTIFY That I attended deceased from *June 14 1938* to *June 14 1938*  
 I last saw him alive on *June 14 1938*. Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
*Chronic hypertensive myocardial infarction*  
*Obesity*  
 Date of onset ?  
 Other contributory causes of importance: ?  
 Name of operation *None* Date of .....  
 What test confirmed diagnosis? *None* Was there an autopsy? *No*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....  
 Manner of injury .....  
 Nature of injury .....  
 24. Was disease or injury in any way related to occupation of deceased? *No*  
 If so, specify .....  
 (Signed) *F. L. Harnall*, M. D.  
 (Address) *Salisbury, Md*

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I Geo B Winkelman, Licensed Embalmer No. 2125

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Geo B Winkelman

Licensed Embalmer No. 2125

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21897  
Do not use this space.

1. PLACE OF DEATH  
(a) County Chariton Registration District No. 175  
(b) Township Chautau Primary Registration District No. 5248 Registered No. 24  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Harry Savage Locke  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 2 1

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8/23 H. H. Howland Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938

22. I HEREBY CERTIFY, that I attended deceased from

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) F. L. Harms, M. D.

(Address) Salisbury mo

REGISTRARS SHALL NO. RECEIVE A FEE FOR CERTI. UNTIL THEY ARE COMPLETED AS PRESCRIBED BY BOARD OF HEALTH. Exact statement of OCCUPATION may be placed.

SUPPLEMENTARY

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**

(a) County \_\_\_\_\_  
 (b) Township \_\_\_\_\_  
 (c) City \_\_\_\_\_  
 (d) Length of residence in city or town where death occurred \_\_\_\_\_  
 (e) Street No. \_\_\_\_\_  
 (f) (If death occurred in Hospital or \_\_\_\_\_)

**2. PRINT FULL NAME**

(a) Residence, No. \_\_\_\_\_  
 (b) Usual place of abode, if no street address, write complete address \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** \_\_\_\_\_  
**4. COLOR OR RACE** \_\_\_\_\_  
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY, YEAR)** \_\_\_\_\_  
**7. AGE** \_\_\_\_\_  
**8. TYPE** \_\_\_\_\_  
**9. MORTALITY** \_\_\_\_\_

**10. MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF** \_\_\_\_\_