

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **360**

1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: Southbrook Missouri Hospital  
 (d) Length of stay: In hospital or institution 1 day  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT

FULL NAME Paul William Medlock 34

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Aug-21 1938  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months One Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wyatt, Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Paul Medlock

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

14. Maiden name Shelma Chandler

15. Birthplace Chewas Co, Tenn  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Medlock

(b) Address Charles ton, Mo

17. (a) Burial (b) Date thereof Oct 20 '39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director hair nurse

(b) Address Charleston, Mo

19. (a) 10-18-39 (b) J. M. Thompson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Charleston  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18<sup>th</sup>  
 year 1939 hour 1<sup>00</sup> A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 17-1939 to Oct 17, 1939  
 that I last saw him alive on Oct 17, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Dys-enteritis Duration 1 month

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
 (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 H. Cochran (M. D. or other) \_\_\_\_\_  
 Address Cape Girardeau, Mo Date signed 10/18/39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**