

FEB 16 1940

Registration District No. 1171

Primary Registration District No. 6145

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Texas 10.1  
 (b) City or town Raymondville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Doc Churchil MEDLOCK3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 29 years7. Birth date of deceased April 28th 1900  
(Month) (Day) (Year)8. AGE: Years 39 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Texas County Farmer  
(City, town, or county) (State or foreign country)

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

11. Industry or business Farming12. Name Sponcer Medlock18. Birthplace Texas County Mo  
(City, town, or county) (State or foreign country)14. Maiden name Etta Snow15. Birthplace Dont know  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Medlock(b) Address Raymondville Mo.17. (a) Jan 6th 1940 (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or other) (Month) (Day) (Year)(c) Place of burial Also Cemeter18. (a) Signature of funeral director Elliot Funeral home(b) Address Houston Mo.19. (a) Jan 10-40 (b) Mrs. Don Gregory  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5  
year 1940 hour 2: minute 04 P. M.21. I hereby certify that I attended the deceased from AUG. 1  
1939, to JAN. 5, 1940;  
that I last saw him alive on DEC. 23, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

PULMONARY EDEMADue to CIRRHOSIS OF LIVERDue to AUTO ACCIDENTOther conditions \_\_\_\_\_  
(Includes 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 JUNE 21, 1935(c) Where did injury occur? DELWEIN, IOWA.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
AUTO VS TRAIN.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. M. DeLuman (M. D. or other) MDAddress Houston Mo Date signed 1-5-40

**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.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number. 240214

Licensed Embalmer No.....

Date Filed 2/4/40

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.