NOV 0 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18316

State File No.

Registration District No. 183 Primary Registration District No. 4167

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: 2
(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 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Craighead

(c) City or town Bay
(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.

3. (a) PRINT FULL NAME NOBLE MEDLOCK

3. (b) If veteran, name war

3. (c) Social Security No. 460-12-3819

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 5 (Day) 1913 (Year)

8. AGE: Years 26 Months 4 Days 13 If less than one day ✓ hr. ✓ min.

9. Birthplace Poughkeepsie (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Truck drives & death

11. Industry or business

FATHER
12. Name Joe Medlock - Deceased
13. Birthplace ✓ (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Ethel Abee
15. Birthplace Lawrence County - Ark (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ethel Medlock
(b) Address Portia, Arkansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation Portia, Ark.

18. (a) Signature of funeral director Howard Marshall
(b) Address Walnut Ridge, Ark.

19. (a) 5-22-40 (Date received local registrar) (b) Blewson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1940 hour 6 minute a M.

21. I hereby certify that I attended the deceased from ✓, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Internal Injuries accident while Driving	
Due to a truck ✓	
Due to verdict of Coroner Jury	
Other conditions (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) Accident
(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? 257 (Specify type of place)
While at work? (e) Means of injury

23. Signature George F Gilmore DO (M.D. or other)
Address Coroner of Dunklin Co Kennett Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

I X19511

RECEIVED
District Health Officer No. 2,
District File Number 540-107
Date Filed 5/27/40

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 me,

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard Marshall

Licensed Embalmer No. 551

P. O. Address Walnut Ridge, Ark.

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.

No. 2B
-2-21-40
I X22559

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18316

Registration District No. 283

Primary Registration District No. 4167

Registrar's No.

1. PLACE OF DEATH:

(a) County: Dunklin

(b) City or town: Caruthersville
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (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.

3. (a) PRINT FULL NAME: Noble Medlock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 26 | Months 4 | Days 13 | If less than one day: hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 17 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Internal injuries while driving a truck

Due to: Collision with fixed object.

Due to: Verdict of coroners jury

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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): Accident
(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: Geo. T. Gilmore (M. D. or other)
Address: Kennett Mo. Date signed

SUPPLEMENTARY