

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Ray Co. Mo.
 (b) City or town Richmond Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community All His life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Roy Carlock 642

8. (b) If veteran, Mo. 8. (c) Social Security No. 491-01-9545

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

6. (b) Name of husband or wife Inez Linch Carlock 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 1 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>9</u>	<u>15</u>	hr. min.

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

10. Usual occupation Mechanic

11. Industry or business _____

12. Name Joseph Carlock 9

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

14. Maiden name Sarah Carlock

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

16. (a) Informant's own signature Lorraine C. Carlock

(b) Address Richmond Mo.

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof May 15 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director J. B. Brattin

(b) Address Richmond Mo.

19. (a) May 17 - 40 (b) Malcolm Johnson
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1940 hour 6- minute 38 A. M.

21. I hereby certify that I attended the deceased from May 5, 1940, to May 5, 1940 that I last saw him alive on May 5 - 40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Sudden death

Due to 4413

Other conditions arterio sclerosis
(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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 15

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. D. Green (M. D. or other) _____

Address Richmond Mo. Date signed 5-17-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-14-40

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.....

J. D. Brothers
....., Registered Apprentice No.
working under my personal supervision.

Signed.....
Brothers Funeral Home
J. D. Brothers
Licensed Embalmer No. *2001*
P. O. Address..... *Richmond, Va*

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.