DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 12 1940

Registration District No. 335

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21607

Primary Registration District No. 5390

Registrar's No.

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.

1. PLACE OF DEATH:

(a) County: Dade

(b) City or town: Walnut Grove, Mo. # 1
(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: 0 (Specify whether years, months or days)

In this community: Two years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dade

(c) City or town: Walnut Grove. Mo. # 1
(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: Nancy Clate Carlock 1.42

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: husband J. Virgil Carlock.

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Feb. 3, 1889 (Month) (Day) (Year)

8. AGE: Years 51 | Months 4 | Days 29 | If less than one day: hr. min.

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

10. Usual occupation: House keeping

11. Industry or business: 0

FATHER
12. Name: Joseph W. Devine
13. Birthplace: Dade Co. Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ellen Johnson
15. Birthplace: Dade Co. Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Virgil Carlock
(b) Address: Walnut Grove. Mo. # 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July, 3, 40 (Month) (Day) (Year)
(c) Place: burial or cremation: Rice Cem.

18. (a) Signature of funeral director: J. W. Ward
(b) Address: Greenfield Mo.

19. (a) 7/4 1940 (Date received local registrar) (b) Morris Miller (Registrar's signature)
by [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 2 year: 6 hour: 30 minute: A. M.

21. I hereby certify that I attended the deceased from June 30, 1940, to July 2, 1940, that I last saw ~~they~~ alive on July 1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy: none	

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):

(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: B. B. Kirby (M. D. or other)

Address: Dadeville Mo. Date signed: July 4, 1940

(Licensed Embalmer's Statement on Reverse Side)

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.....J. W. Ward.....

Licensed Embalmer No.....2832.....

P. O. Address.....Greenfield. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.