S. No. 2
—4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23020

JUL 17 1940

Registration District No. 6145 Primary Registration District No. 1171 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Texas
(b) ~~City or town~~ Rural Jackson
(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 5 (Specify whether
In this community 343
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Texas
(c) City or town Rural Jackson
(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 Rosia E. Medlock
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or wife Spencer Medlock
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased January (Month) 12 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
68	5	11	hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Abram Snow
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant H. S. Medlock
(b) Address Raymondville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Allen
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo
19. (a) June 24-40 (Date received local registrar) (b) Mrs Dora Gregory (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1940 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from July 10, 1939, to June 23, 1940, that I last saw her alive on June 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC NEPHRITIS	
Due to HYPERTENSIVE CARDIO-RENAL VASCULAR DISEASE	
Due to	
Other conditions (Include pregnancy within 3 months of death) CHRONIC MORPHINISM	
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)
(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 L. M. Dillman (M. D. or other) H.D.
Address HOUSTON, MO. Date signed 6-24-40

(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.

District Health Officer No. 5,

District File Number 740 757

Date Filed 7/14/40

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, fact should be so stated above.