

X21492

SEP 24 1940

Registration District No. 1-1-1-1 Primary Registration District No. 5706 4358 Registrar's No. 39

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town New Madrid  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town New Madrid  
(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 C Everett Lock 200

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 6. 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 November 25 1913  
(Month) (Day) (Year)

8. AGE: Years 27 Months 77 Days 27 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name J. G. Lock

13. Birthplace Missouri - New Madrid Co.  
(City, town, or county) (State or foreign country)

14. Maiden name Hessie Bailey

15. Birthplace Ponlar Bluff, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. G. Lock

(b) Address New Madrid, Missouri

17. (a) Porter's Cemetery (b) Date thereof June 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Watacaville Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) Sept 13, 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5<sup>th</sup>  
year 1940 hour 8:00 minute 17 M.

21. I hereby certify that I attended the deceased from June 1939  
\_\_\_\_\_ 19\_\_\_\_ to May 27 19\_\_\_\_;  
that I last saw him alive on May 27 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T. B. Duration \_\_\_\_\_

Due to Epilepsy

Due to \_\_\_\_\_

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underlines 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 June 5, 1940

(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? \_\_\_\_\_

535 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address New Madrid Date signed 6/13/40

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

RECEIVED

District Health Officer No

District File Number 940-14

Date Filed 9/5/48

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**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.....

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, above space should be left blank.**

Registration District No. **604**

Primary Registration District No. **4358**

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

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **New Madrid**  
(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

**Everett Rock**

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 \_\_\_\_\_ year

7. Birth date of deceased **Nov 25 1913**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**26 6 20** hr. min.

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

10. Usual occupation **farmer**

11. Industry or business \_\_\_\_\_

12. Name **J. B. Loring**

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

14. Maiden name **Bessie Bailey**

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

16. (a) Informant **J. S. Rock**

(b) Address **New Madrid Mo**

17. (a) \_\_\_\_\_ (b) Date thereof **6-6-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parsonsville Cen**

18. (a) Signature of funeral director **W. T. O'Bannon**

(b) Address **Parsonsville Mo**

19. (a) **10/18/40** (b) **W. T. O'Bannon**  
(Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 5**  
year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_  
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 **Pulmonary**

Due to **epilepsy**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 \_\_\_\_\_

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 **W. T. O'Bannon** (M. D. or other) \_\_\_\_\_

Address **New Madrid** Date signed \_\_\_\_\_

Duration  
Underline the cause to which death should be charged statistically.

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

MISSOURI STATE BOARD OF HEALTH

