

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33272

Registration District No. 821

Primary Registration District No. 6070

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston Mo Rural
(c) Name of hospital or institution: Richland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
In this community 2 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Sikeston-Rural Richland
(If outside city or town limits, write "RURAL")
(d) Street No. R#2
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME George Lockett

3. (b) If veteran, name war None 3. (c) Social Security No. none

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased December 1st, 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farm Laborer

11. Industry or business Farming

12. Name Allen Lockett

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

14. Maiden name Martina Spencer
(City, town, or county) (State or foreign country)

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

16. (a) Informant Hattie Lockett

(b) Address Sikeston Mo Box 26

17. (a) Burial (b) Date thereof 9/20/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McMullin-Carpenter Cem

18. (a) Signature of funeral director Lair-Nunnelee

(b) Address Charleston, Missouri

19. (a) 10-7-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 19
year 1940 hour 6 minute 05 p. M.

21. I hereby certify that I attended the deceased from attended as Coroner 19____
that I last saw him alive on 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to _____

Other conditions DK
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

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) _____
(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? 745

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

23. Signature [Signature] (At _____ or other _____)
Address Charleston Mo Date signed _____

9-19-40

RECEIVED

District Health Officer No. 2

District File Number 1040-1547

Date Filed 10/10/40

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.....

....., 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, fact should be so stated above.