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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11563

State File No.

Registration District No. 644 Primary Registration District No. 5953 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Bonnots Mill, R.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible]
(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)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State (b) County 0

(c) City or town 0 0
(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.? 0 years.

3. (a) PRINT FULL NAME Paul Peter Lock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Mary Christine Lock

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April (Month) 29 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	11	21	hr. min.

9. Birthplace Loose Creek (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Chas. Lock Sr.
13. Birthplace Loose Creek (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Louis Lock
15. Birthplace Loose Creek (City, town, or county) (State or foreign country)

16. (a) Informant Pete Lock
(b) Address Loose Creek 0

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 3- (Month) 22 (Day) 41 (Year)
(c) Place: burial or cremation Loose Creek Mo

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Linn Mo

19. (a) Mar 21, 1941 (Date received local registrar) (b) Emily W Notte (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 20 day 1941
year 1941 hour minute 49 M.

21. I hereby certify that I attended the deceased from Apr 1, 1937 to May 20, 1941
that I last saw him alive on May 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Femur

Due to fall

Due to

Other conditions Pulo-Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none made

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) accident 0 76
(b) Date of occurrence Oct 1 1940
(c) Where did injury occur? Osage Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm
(Specify type of place)
While at work? yes (e) Means of injury

23. Signature E. Mauney (M. D. or other)
Address Jefferson City Mo Date signed 3-21-41

(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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lynn

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

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11563

Registration District No. 644 Primary Registration District No. 5853 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) ~~City or town~~ Linn Tp

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Linn Creek Mo.

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Paul Peter Lock

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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	11	21	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) June 7, 1944 (Date received local registrar) (b) Emily L. Walter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20 year 1941 hour minute M.

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

Immediate cause of death

Due to

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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, or public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Mansur (M. D. or other)

Address Jefferson City Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

SUPPLEMENTARY

11563

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.