

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Muada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
510 E. Lyncamore  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 yrs  
(Specify whether  
In this community 5 yrs  
years, months or days).

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Muada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 510 E. Lyncamore  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Hattie Bell Lock

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

4. Sex F 5. Color or race W 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 Aug. 19, 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>9</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER

12. Name John B. Lock

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

14. Maiden name Mary E. White

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

16. (a) Informant W. F. Locke

(b) Address 707 E. Vernon St

17. (a) Burial (b) Date thereof 5/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Fred Smith Home

(b) Address Muada, Mo

19. (a) 5-29-41 (b) Allen D. Hays  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1941 hour 11:59 minute 8 M.

21. I hereby certify that I attended the deceased from March 30  
1939 to May 27, 1941  
that I last saw her alive on May 27, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Chronic myocarditis

Due to mitral stenosis probably rheumatic in origin

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/2

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

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? \_\_\_\_\_

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

28. Signature J. W. Jearns (M. D. or other) 0/19

Address Muada, Mo Date signed 5/28/41

Duration

7 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 6-41-985

Date Filed 6-10-44

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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. 3857

P. O. Address Mwada, Mo

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.