

APR 17 1942

Registration District No. 247

Primary Registration District No. 53344

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County... Dallas

(b) City or town... Rural h. Benton-4.4
(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... 56 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Dallas

(c) City or town... Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Buffalo Mo
(If rural, give location)

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

1. If yes, name country.....

3. (a) PRINT FULL NAME James C. Lockett

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... Victoria Lockett

6. (c) Age of husband or wife if alive... years 8 1872
(Day) (Year)

7. Birth date of deceased... 9 8 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Lexington 1 Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Elias Lockett

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

14. Maiden name " 9

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

16. (a) Informant Victoria Lockett

(b) Address Buffalo Mo

17. (a) Burial (b) Date thereof 3-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo.

19. (a) 2/24/42 (b) Delen Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19
Year 1942 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from 1-19 1942, to 2-19 1942
that I last saw him alive on 2-18-42 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left kidney

Due to _____

Due to 52a

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

Major findings: Of operations _____

Of autopsy None

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? _____

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

23. Signature H. Blummer (M. D. or other) M.D.
Address Buffalo Mo Date signed 2-6-42

Duration

Months

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-42-260

Date Filed 3-16-42

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 Leah M. Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo Ind.

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.