S. No. 2
M—1-4-41
. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14968

Registration District No. 576 Primary Registration District No. 3030 Registrar's No. 22

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 304 E. MARSHALL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 304 EAST MARSHALL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME JOSEPH EVANS LACOCK

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MINNIE BELLE LACOCK
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased FEBRUARY (Month) 24, (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	0	2	hr. min.

9. Birthplace TEN MILE, (WASHINGTON COUNTY) PENN.
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business RURAL MAIL DELIVERY USA
FATHER
12. Name WILLIAM C. LACOCK
13. Birthplace WASHINGTON COUNTY PENNSYLVANIA
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZABETH J. HERON
15. Birthplace WASHINGTON COUNTY, PENNSYLVANIA
(City, town, or county) (State or foreign country)
16. (a) Informant MRS T. W. GWALTNEY
(b) Address CHARLESTON, MISSOURI
17. (a) BURIAL + REMOVAL (Burial, cremation, or removal) (b) Date thereof 3-1-1942 (Month) (Day) (Year)
(c) Place: burial or cremation PUXICO CEMETERY - PUXICO, MO
18. (a) Signature of funeral director John F. Nunnelee Jr
(b) Address Charleston, Mo
19. (a) 3-5-42 (Date received local registrar) (b) F. S. Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 26TH year 1942 hour 8 minute 45 PM.
21. I hereby certify that I attended the deceased from 2/26, 1942 to 2/26, 1942
that I last saw him alive on 2/26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration
Due to
Due to arteriosclerosis
Myocarditis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 94 a
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. Chas Lalwing (M. D. or other)
Address Charleston Mo Date signed 3/4/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 442-498
Date Filed 4-13-42

AUG 18 1942

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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, fact should be so stated above.