

FILED JUN 10 1942
Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Clay Liberty
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1007. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community seven years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 74
(c) City or town Ravenwood
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEANDER LOCKHEART

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M. O 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Susan Lockheart
6. (c) Age of husband or wife if alive 16 years (Year) 1860
7. Birth date of deceased (Month) Oct (Day) 16 (Year) 1860

8. AGE: Years 81 Months 7 Days 10 If less than one day 2 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Lockheart

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

14. Maiden name Mary Buck

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

16. (a) Informant Paul Rogers by A.B. Spear

(b) Address Liberty, Mo.

17. (a) Burial (b) Date thereof May 27 1942 (Month) (Day) (Year)

(c) Place: burial or cremation 1007. cemetery

18. (a) Signature of funeral director Jesse Hill Funkhouser

(b) Address Liberty Missouri

19. (a) May 26 1942 (Date received local registrar) (b) Nelson Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Male 1942 to May 26 1942 that I last saw him alive on May 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration 1 yr.
Due to General Atherosclerosis 10 yrs.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1620

Major findings: Of operations _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury 11
23. Signature Walter Malley (M. D. or other) M.D.
Address Liberty Mo Date signed 26-5-42

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

4
2
1

726

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-9-42

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 _____

myself, Registered Apprentice No. _____,
working under my personal supervision.

Signed Victor E. Linniger

Licensed Embalmer No. 2896

P. O. Address Liberty, 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.