

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33578

FILED NOV 4 1942

State File No.

Registration District No. 92

Primary Registration District No. 4153

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lockwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Combs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)
In this community 2 Years

3. (a) PRINT FULL NAME Grace N. Adcock

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Sept 15-1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 no 19 hr. min.

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

10. Usual occupation House Work

11. Industry or business

12. Name Ben Franklin
13. Birthplace Monroe Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Dora Mc Crosley
15. Birthplace don't know Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Adcock
(b) Address Lockwood, Missouri

17. (a) Removal (b) Date thereof Oct 7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atwood, Kansas

18. (a) Signature of funeral director R. L. Hunsch

(b) Address Lockwood, Missouri

19. (a) Oct 7-1942 (b) Bernice M. Coover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Lockwood
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1942 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 4 1942 to October 6 1942
that I last saw her alive on October 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to 94a
Due to

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

Major findings: Non reducible ventral hernia
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

23. Signature Adcock M.D. (M. D. or other)
Address Lockwood Mo Date signed 10/7/42

RECEIVED

District Health Officer No. 6,

District File Number 1142-1514

Date Filed 348 NOV 2 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 me

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

Signed

R. L. Hainschick

Licensed Embalmer No. 3937

P. O. Address Rockwell Hill

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.