

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3847

Registration District No.

374

Primary Registration District No.

6273

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community Entire Life
years, months or days)

3. (a) PRINT
FULL NAME

BENJAMIN Franklin Lock

3. (b) If veteran,

name war World War I

3. (c) Social Security

No.

4. Sex M

5. Color or

race W

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Elizabeth Witmer

6. (c) Age of husband or wife if

alive 52 years

7. Birth date of deceased

Feb
(Month)

7
(Day)

1889
(Year)

8. AGE:

Years

Months

Days

If less than one day

58 11 28

hr. min.

9. Birthplace

Leipsa

(City, town, or county)

Tenn.

(State or foreign country)

10. Usual occupation

Carpenter

11. Industry or business

William Andrew Lock

13. Birthplace

(City, town, or county)

Tenn.

(State or foreign country)

14. Maiden name

Mary Jane Peach

15. Birthplace

(City, town, or county)

Tenn.

(State or foreign country)

16. (a) Informant

Elizabeth Lock

(b) Address

Grant City, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Jan 8 1943
(Month) (Day) (Year)

(c) Place: burial or cremation

Grant City Cemetery

18. (a) Signature of funeral director

John Andrews

(b) Address

Grant City, Mo.

19. (a)

Jan. 15 1943
(Date received local registrar)

(b)

Arline Scadden
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Grant City, Mo.
(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 Jan day 5
year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 1935

to Jan 5 1943
that I last saw him alive on Jan 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial infarction
Heart
Failure

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

Arline Scadden

Date signed Jan 15 1943

FEB 3 1948

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.....

John Andrews Jr......, Registered Apprentice No.....
working under my personal supervision.

Signed.....*John Andrews Jr.*
Licensed Embalmer No. *4211*

P. O. Address.....*Grant City 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.