

Registration District No. 374

Primary Registration District No. 6273

Registrar's No.

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

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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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth <sup>113</sup>

(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 \_\_\_\_\_

3. (a) PRINT FULL NAME BENJAMIN Franklin Lock

MEDICAL CERTIFICATION

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

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

6. (b) Name of husband or wife Elizabeth Witmer

6. (c) Age of husband or wife if alive 52 years

Immediate cause of death Syphilitic disease of heart <sup>9 yrs</sup>

7. Birth date of deceased Feb 7 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Leipsic Tenn. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

Other conditions (include pregnancy within 3 months of death)

11. Industry or business

12. Name William Andrew Lock

Major findings: 93d

Of operations \_\_\_\_\_

Of autopsy W

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

13. Birthplace Tenn. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Peach

15. Birthplace Tenn. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Lock

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof Jan 8 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

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 Thomas W. D. C. (M. D. or other) \_\_\_\_\_

Address Grant City, Mo. Date signed Jan 7 1943

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FEB 3 1948

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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.**