S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21356

FILED JUN 28 1943 128

Registration District No. 2000 Primary Registration District No. 2000 Registrar's No. 470

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield, ~~Missouri~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Faulkner Nursing Home~~ 858 Benton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Months (Specify whether

In this community 5 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2 6

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 858 Benton Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----------

3. (a) PRINT FULL NAME EMMA YOUNG LOCKMAN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased September 7, 1856 (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 0 If less than one day ---- hr. ---- min.

9. Birthplace Quincy (City, town, or county) ILL. (State or foreign country) 1

10. Usual occupation None

11. Industry or business ----------

FATHER
12. Name ~~Mr.~~ Unk. Swartz
13. Birthplace ~~Unable to obtain~~ Unk. (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Rebecca Stone
15. Birthplace Unknown (City, town, or county) Pa. (State or foreign country) 1

16. (a) Informant Mrs C. H. Carter

(b) Address R#1 Brighton Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Illinois, Ill

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville St. City

19. (a) 6-9-43 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Seventh year 1943 hour Ten minute 20P.M.

21. I hereby certify that I attended the deceased from March, 1939, to June 5, 1943 that I last saw her alive on June 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	DK.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

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Major findings: Of operations None

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: no

(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

23. Signature Robert T. Williams (M. D. or other) 6/9/43

Address Springfield Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

JUN 30

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.