

FILED OCT 22 1943 / 46

Registration District No.

Primary Registration District No. 3026

Registrar's No. 232

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 E. Kansas / Independence, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Independence, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 321 E. Kansas
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ABNER F. LOCKARD

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

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

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

7. Birth date of deceased Oct. 14, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 29 hr. min.

9. Birthplace Jackson County, Mo. U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Painter

12. Name Alfred Lockard

13. Birthplace Baltimore, Md. / U.S.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Carr

15. Birthplace Baltimore, Md. / U.S.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer R. Hardin

(b) Address 1203 N. Main - 2nd dep. Mo.

17. (a) Burial (b) Date thereof Sept. 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Cem. Indep.

18. (a) Signature of funeral director Ott- Mitchell

(b) Address 310 N. Main - Independence, Mo.

19. (a) 9-14-1943 (b) Jamison Row
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 43 hour 4:30 P M.

21. I hereby certify that I attended the deceased from Emmer, 19...
that I last saw him Emmer alive on Emmer, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Death by hanging

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 164 a

Major findings: Of operations.....

Of autopsy See form

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 9/13/43

(c) Where did injury occur? 321 E. Kansas 2nd dep. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes (Specify type of place) (e) Means of injury hanging

While at work? Yes (Specify type of place) (e) Means of injury hanging

23. Signature Ott Mitchell (M.D. or brother)

Address See form Date signed 9/13/43

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

MOTHER FATHER

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

Signed Henry D. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep., 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.