

FILED MAY 1 1944

Registration District No. ....

Primary Registration District No. 5883

Registrar's No. ....

76  
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WRITE PLAINLY—USE UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County, Osage  
(b) City or town, Bonnots Mill, Mo.  
(c) Name of hospital or institution: At Home  
(d) Length of stay: In hospital or institution 48 Years  
In this community 48 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Osage  
(c) City or town, Bonnots Mill, Mo.  
(d) Street No. ....  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME, Catherine Wilehemena Lock

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

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

6. (b) Name of husband or wife, Philip J. Lock 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased, December 30th, 1895

8. AGE: Years 48 Months 2 Days 6 If less than one day, hr. min.

9. Birthplace, Frankensteine, Mo.

10. Usual occupation, House Wife

11. Industry or business

12. Name, Matt Koetting

13. Birthplace, Germany

14. Maiden name, Elizebeth Baerbaum

15. Birthplace, Germany

16. (a) Informant, Philip J. Lock

(b) Address, Bonnots Mill, Mo.

17. (a) Burial (b) Date thereof, 3-10-44

(c) Place: burial or cremation, Bonnots Mill, Mo.

18. (a) Signature of funeral director, Clyde Morton

(b) Address, Box 144, Linn, Mo.

19. (a) Mar. 11-44 (b) Louise M. Lock

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, March day, 6th, year, 1944 hour, 10 minute, - P. M.

21. I hereby certify that I attended the deceased from May 25, 1943, to March 6, 1944, that I last saw her alive on March 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death, Hypostatic pneumonia Duration, 3 days

Due to Congestive Heart Failure 3 days

Due to Myasthenia Gravis 7 yrs.

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

Major findings: Of operations

Of autopsy

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? (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, R. G. Janesworth (M. D. or other) DO Address, Champaign, Mo Date signed, 3-9-44

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Filed 4. 28. 44

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

Signed Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.