S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

720

G. W. Whitaker

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10214

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Residence (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi
(c) City or town East Prairie Mo (If outside city or town limits, write "RURAL")
(d) Street No. 67 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0 0

3. (a) PRINT FULL NAME THOMAS JEFFERSON LOCK

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Mary Gertrude Lock

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct (Month) 8 (Day) 1868 (Year)

8. AGE: Years 76 Months 3 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Wolf Island (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Jefferson Lock
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Mary Gertrude Lock
(b) Address East Prairie Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 28 (Day) 45 (Year)
(c) Place: burial or cremation W. O. W.

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo

19. (a) 3-16-1945 (Date received local registrar) (b) Fannie E. Bigman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27th year 1945 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from about Jan 1st, 1945 to Feb 27th, 1945 that I last saw him alive on Feb 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Arteriosclerosis & myocarditis

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 statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Geo W Whitaker (M. D. ~~or other~~)
Address East Prairie Mo Date signed 3/2/45

1271

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 345- 44
Date Filed 3/14/43

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.