

FILED MAY 15 1945

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3233 Seneca
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Washington Kirk Lockwood

3. (b) If veteran, name war none 3. (c) Social Security No. 712-01-7677

4. Sex: male (b) 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mollie Mae Lockwood 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased December 1 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Rulo Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation chief clerk

11. Industry or business Union Pacific Railroad

12. Name Charles Lockwood
13. Birthplace Stamford Conn.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Mariah Kirk
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. K. Lockwood
(b) Address 3233 Seneca

17. (a) burial (b) Date thereof 5/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Nestor B. Beck & Co. Bowman
(b) Address 319 So. 10th Street

19. (a) 5/10/45 (b) Nestor B. Beck (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1945 hour 8 minute P M.

21. I hereby certify that I attended the deceased from May 16 1945 to May 8 1945
that I last saw him alive on May 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis general Arterio-sclerotic heart disease
Due to Coronary occlusion 4-30-45
5-8-45

Other conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations (61)
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
23. Signature S. P. Lerner M.D. (M. D. or other)
Address St. Joseph Mo Date signed 5-9-45

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

do Earl Senior
72 1/2 Francis

MAY 31 1945
JUN 1 2 1945

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 Frank A. Conway

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.