V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1945

State File No. 38732

Registration District No. 335 Primary Registration District No. 5 6 11 182 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Chaffee Rural Sylvania Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Chaffee Rural 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. Route 2 (If rural, give location) 0

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

If yes, name country ✓

3. (a) PRINT FULL NAME Ernest Greeley Medlock

3. (b) If veteran, name war Spanish American War

3. (c) Social Security No. 707-16-6462 Ark

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lurline Medlock

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May (Month) 6 (Day) 1875 (Year)

8. AGE: Years 70 Months 6 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Salem (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation Retired RR. Engineer

11. Industry or business Rock Island RR

FATHER
12. Name
13. Birthplace Don't Know (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Mary King
15. Birthplace Don't Know (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mrs E. G. Medlock

(b) Address Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19. 45 (Month) (Day) (Year)

(c) Place: burial or cremation National cem Little Rock Ark

18. (a) Signature of funeral director Bisplinghoff Funeral Home

(b) Address Chaffee, Mo

19. (a) 11/17/1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1945 hour - minute 4:30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on Oct 16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sudden Death Natural Causes	
Due to: Cardiac Patient	
Due to: Disability from Pension Board	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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:

(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 W. B. [illegible] (M. D. or other) M. D.

Address Chaffee Mo Date signed 11/17/45

(Licensed Embalmer's Statement on Reverse Side)

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

C
-93
-30-45

DEC - 5 19[illegible]

Chaffee Rt

NAS ES MARLEEK

DEC 19 19[illegible]

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 Mamie Bryleagheff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.