

FILED JAN 14 1946

Registration District No. **237**

Primary Registration District No. **3048**

Registrar's No. **180**

1. PLACE OF DEATH:

(a) County **Nodaway**
 (b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital **0**
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)
 In this community **27 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John M. Lockhart**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Vernie Lockhart** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **October 6, 1871**
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **25**
 If less than one day **hr. min.**

9. Birthplace **Jonesville Va.**
(City, town, or county) (State or foreign country)

10. Usual occupation **School custodian**

11. Industry or business

12. Name **Putman Lockhart**
Lee County Va.

13. Birthplace **Lee County Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Wells**

15. Birthplace **Lee County Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **RS. Vernie Lockhart**

(b) Address **Maryville, Missouri**

17. (a) **burial** (b) Date thereof **12-4-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
Oak Hill cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director **State Funeral Home**

(b) Address **Maryville, Mo**

19. (a) **Dec 4, 1945** (b) **Bess Walt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway 74**
 (c) City or town **Maryville**
(If outside city or town limits, write "RURAL")
 (d) Street No. **424 North Mulberry**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **1**
 year **1945** hour **7** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **1935** to **Dec 1, 1945**

that I last saw him alive on **Dec 1, 1945**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hodgkins Disease** Duration **3 yrs**

Due to

Due to

Other conditions **44 lb**
(Include pregnancy within 3 months of death)

Major findings: Of operations **1943. Bypass of aorta. Hodgkins disease**
 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?

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

23. Signature **A Bloomer** (M. D. or other)
 Address **Maryville Mo** Date signed **12/3/45**

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

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.