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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3329

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 wk. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2003 Grace St 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward B. Lock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie

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

7. Birth date of deceased October (Month) 10 (Day) 1874 (Year)

8. AGE: Years 71 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Adams Co (City, town, or county) ILL (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Hamden Lock
13. Birthplace Adams Co (City, town, or county) ILL (State or foreign country)

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

16. (a) Informant William Lock

(b) Address 2003 Grace St Hannibal Mo

17. (a) Valhalla Cem. (Burial, cremation, or removal) (b) Date thereof Jan. 4 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo

19. (a) 1-4-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Dec~~ day ~~28~~
year 1946 hour 7 a m minute

21. I hereby certify that I attended the deceased from Dec. 28 1945, to Jan. 2 1946
that I last saw him alive on Jan. 1 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	6 days
Due to	
Due to Senility	
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 H. B. Norton (M. D. or other)

Address Hannibal Mo Date signed 1-2-46

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(Licensed Embalmer's Statement on Reverse Side)

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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.