

**FILED** APR 23 1946

Registration District No. 303

Primary Registration District No. 6047

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County W. Charles

(b) City or town Forestall Rural, Cuivre  
(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 Life years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo County W. Charles

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

(d) Street No. Road 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** DORA LOCKETT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color Negro

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 26 1849  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>96</u>	<u>8</u>	<u>22</u>	hr. min.

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

10. Usual occupation Home duties

11. Industry or business \_\_\_\_\_

12. Name J. Oglesby

13. Birthplace Virginia Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Reed

15. Birthplace Virginia Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Oglesby

(b) Address Forestall Mo

17. (a) Burial (b) Date thereat Feb 19 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forestall

18. (a) Signature of funeral director W. H. ...

(b) Address Waverlyville, Mo.

19. (a) Feb 29 1946 (b) Mrs. Jess Lewis  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 17  
year 1946 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 1946 to Feb 17 1946;  
that I last saw her alive on Feb 16 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
and arterio-sclerosis

Due to old age

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) no

(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 E. B. Kennerly (M.D. or other) MD

Address Waverlyville Mo Date signed 2-18-46

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

100

96

RECEIVED

District Health Officer No. 9.

District File Number \_\_\_\_\_

Date Filed 4-1-46

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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 P. E. Pelman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.