S. No. 2
M—2-43
5-17-39
I X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19415

Registration District No. 4

Primary Registration District No. 4025

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County: Barry

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Barry

(c) City or town: Wheaton
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME: C. J. Lock

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary J. Lock

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

7. Birth date of deceased: Jan (Month) 29 (Day) 1867 (Year)

8. AGE: Years: 79 Months: 3 Days: If less than one day: hr. min.

9. Birthplace: Wayne Co (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business

FATHER
12. Name: D. K.
13. Birthplace: D. Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Dorit Know
15. Birthplace: D. K. (City, town, or county) (State or foreign country)

16. (a) Informant: Mary J. Lock
(b) Address: Wheaton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 1-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mynsey Chapel

18. (a) Signature of funeral director: Wheaton Funeral Home
(b) Address: Wheaton Mo

19. (a) May 11-1946 (Date received local registrar) (b) Grace Williams (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 29 year: 1946 hour: 9 minute: P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to April 29, 1946 that I last saw him alive on April 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Right face	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Bx	
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: John R. Ericson (M. D. or other) DO

Address: Wheaton Mo. Date signed 5/2/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 646-689
Date Filed JUN 14 1946

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 R Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, 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.