

3. No. 2
M-2-43
5-17-39
I X35667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34298

State File No. _____

FILED OCT 23 1946

Registration District No. 200

Primary Registration District No. 1391

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Osage

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

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

(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

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

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

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

3. (a) PRINT FULL NAME Mathies Lock

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th,
year 1946 hour 4 minute 9/21/46 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Helen Haslag 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased January 25th, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/11/46 to 10/11/46 19____; that I last saw him alive on 10/11/46 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>8</u>	<u>17</u>	hr. min.

Duration 2 or 3 yrs.

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

10. Usual occupation Miller

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Theo Lock

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

14. Maiden name Unknown

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

PHYSICIAN _____

Major findings: 46 B
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Thos Fitzpatrick
(b) Address Argyle, Mo.

17. (a) Burial (b) Date thereof 10/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koeltztown, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.

19. (a) 10-13-46 (b) Mrs W. H. Moore
(Date received local registrar) (Registrar's signature)

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 W. H. Moore D. O. M. D. or other _____
Address Argyle, Mo. Date signed 10/12/46

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
33124

RECEIVED
District Health Officer No. 9
District File Number
10-22-46
Bills 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.....
Vernon M. Morton

Licensed Embalmer No.....
4125

P. O. Address.....
Lynn M.

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.