

FILED DEC 5 1946
77

Registration District No.

Primary Registration District No. 3016

Registrar's No.

264

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE
(c) City or town R. R. # 4 JEFFERSON CITY
(If outside city or town limits, write "RURAL")
(d) Street No. "RURAL" OSAGE TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME INFANT Lock

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased NOVEMBER 28, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

9. Birthplace JEFFERSON CITY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name MONROE LOCK
13. Birthplace OSAGE COUNTY, MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARJORIE HUHMAN
15. Birthplace OSAGE BEND, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MONROE LOCK
(b) Address R. R. # 4 JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 11/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSAGE BEND, MO.

18. (c) Signature of funeral director [Signature]

(b) Address JEFFERSON CITY, MO.

19. (a) 11-29-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 28
year 1946 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw her alive on Nov 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death [Signature]
Swed one hour

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations 159

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 [Signature] (M. D. or other) [Signature]
Address 626 Jefferson Date signed 11-29

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

6
5
4

Date Filed 11-4-46

District File Number

District Health Officer No. 9,

RECEIVED

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 Syvester Dull
Licensed Embalmer No. 4321
P. O. Address Jefferson City

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.