No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37804

State File No.

FILED DEC 16 1946

Registration District No. 2

Primary Registration District No. 436

Registrar's No. 19

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No Number
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME ANNA ELIZA LOCKRIDGE

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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 June (Month) 19 (Day) 1870 (Year)

8. AGE: Years 76 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Alice Farris
(b) Address Morehouse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Mo.

19. (a) Dec. 6-1946 (Date received local registrar) (b) Thomas M. Sheeter Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1946 hour 3 minute 30; A M.

21. I hereby certify that I attended the deceased from 11-1, 1946 to 11-19, 1946
that I last saw her alive on 11-19, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. myocarditis	?
Due to	
Due to	
Other conditions Fractured Hip (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

SUPPLEMENTARY INFORMATION REQUESTED

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 J. M. Sarno M.D. (M. D. or other)
Address Morehouse, Mo. Date signed 11-26-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1246-B421
Date Filed 12-9-46

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 James M. Scott

Licensed Embalmer No. 4350

P. O. Address East Braine, 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.