

No. 2
-12-45
5-17-39
1 X47070

FILED FEB 11 1947

Registration District No. 37

Primary Registration District No. 3059

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

1. PLACE OF DEATH:

(a) County St. Francis Co

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

(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Martin Locke

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex male 5. Color or race W

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: Dec. 22 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>26</u>	hr. _____ min. <u>✓</u>

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

10. Usual occupation none

11. Industry or business _____

12. Name Marvin Locke

13. Birthplace St. Francis Co - Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emmale Beasted

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

16. (a) Informant Marvin Locke

(b) Address Flat River Mo

17. (a) Burial (b) Date thereof: 1-18-1947
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Memorial Park

18. (a) Signature of funeral director Baldwell Bros

(b) Address Flat River Mo

19. (a) 2-1-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis

(c) City or town Flat River Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th Jan day _____ year 1947 hour 8:20 PM

21. I hereby certify that I attended the deceased from Dec 22 1946 to Jan 17 1947 that I last saw him alive on Jan 17 and that death occurred on the date and hour stated above. 1947

Immediate cause of death Microcephalus Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 157D

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 C. H. Caphing (M. D. or other) E. R. D.

Address Flat River Date signed 2-1-47

RECEIVED

District Health Officer No. 4

License Number 247-215

Date Issued 2-10-47

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 W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River 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.