

1. PLACE OF DEATH:

(a) County MACON
(b) City or town Bevier, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---

(If not in hospital or institution, write street number or location)

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

In this community ---
years, months or days)

3. (a) PRINT FULL NAME John James Lockwood

3. (b) If veteran, name war don't know 3. (c) Social Security No. 496-03-2233

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Don't know

6. (b) Name of husband or wife Don't know (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 25th, 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 23 If less than one day hr. --- min. ---

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

10. Usual occupation Steel gang workman

11. Industry or business Railroad

12. Name William Lockwood

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

14. Maiden name H. Ellen Barrett

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

16. (a) Informant Foreman, Burl steel gang

(b) Address Bevier, Missouri

17. (a) Burial (b) Date thereof 3-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East of road, Bevier

18. (a) Signature of funeral director H. E. Edwards

(b) Address Bevier, Missouri

19. (a) 3-28-47 (b) Winnifred Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Don't know (b) County Don't know

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1947 hour about 1:30 A.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him --- alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Killed by train
Was run over cutting off top part of

head-crushed body inwardly-severed
Due to left leg-broke several bones in

right leg
Due to Being run over by Burlington

train on tracks in Bevier yards

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

Jury Inquest: Verdict: accidentally
Major findings: killed by being run over by
Of operations Burl. train in Bevier yards

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence March 18th, 1947

(c) Where did injury occur? Bevier Macon Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Railroad tracks

While at work? On road to (Specify type of place) (c) Of injury killed

Signature H. E. Edwards (M. D. or other) 3

Address Bevier, MO. Date signed 3-18-47

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

RECEIVED
District Health Officer No. 10
District File Number 4-41-622
Date Filed APR-1-1947

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. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Beverly Md

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.