

FILED AUG 18 1947

Registration District No. 171

Primary Registration District No. 4304

Registrar's No. 2

1. PLACE OF DEATH: **Livingston**  
 (a) County **Ludlow**  
 (b) City or town **Ludlow**  
 (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 **10yrs** (Specify whether years, months or days)  
 In this community **10yrs**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Livingston**  
 (c) City or town **Ludlow** ~~Livingston~~  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Virgil Everett Locke**  
 3. (b) If veteran, name war **--** 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Aug.** day **5th**  
 year **1947** hour **1** minute **00p.m.**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Bertha Helen Locke** 6. (c) Age of husband or wife if alive **65** years  
 7. Birth date of deceased **March 5th, 1882**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1 49** to **Aug 5 47**  
 that I last saw him alive on **Aug 5 47** and that death occurred on the date and hour stated above.  
 Immediate cause of death **Chronic Myocarditis 2 yrs**

8. AGE: Years **75** Months **5** Days **X** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **unknown Ky** (City, town, or county) (State or foreign country)  
 10. Usual occupation **retired farmer**

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name **P.C. Locke**  
 13. Birthplace **unknown Ky** (City, town, or county) (State or foreign country)  
 14. Maiden name **Betty Brown**  
 15. Birthplace **unknown Ky** (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Mrs Helen Locke**  
 (b) Address **Ludlow, Missouri**  
 17. (a) **Burial** (b) Date thereof **8-7-47**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Union Cem.**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **Edward J. Mead**  
 (b) Address **Braymer, Mo**  
 19. (a) **8-7-47** (b) **Gene L. Ewing**  
 (Date received local registrar) (Registrar's signature)

23. Signature **Geo. Moore** (M. B. number) \_\_\_\_\_  
 Address **Ludlow, Mo** Date signed **8-7-47**

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

MOTHER FATHER

59  
0  
9

Duration  
Underline the cause to which death should be charged statistically.

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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..... *Bernard J Mead* .....

Licensed Embalmer No..... **2891** .....

P. O. Address..... **Braymer, Mo** .....

**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.**