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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 22 1947

Registration District No. 257

Primary Registration District No. 4372

Registrar's No. 291

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Burlington Jct
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
 (c) City or town Burlington Jct
(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 Lula Belle Locke

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Roy Locke 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Sept 27 1870
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>77</u> | <u>1</u> | <u>25</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Chris Nave
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Locke
 (b) Address Burlington jct

17. (a) burial (b) Date thereof Nov 26/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Burlington Jct

18. (a) Signature of funeral director R. Hann
 (b) Address Burlington Jct Mo

19. (a) 12-13-47 (b) Bess Hahn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
 year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 30
 1946 to Nov 1 1947

that I last saw him alive on Oct 31 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of cervix?
Dysplasia squamous
chronic Myocarditis

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____ Means of injury _____

23. Signature B. F. Byland (M: D. or other) MD
 Address Burlington jct mo Date signed 12/24/47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....
.....
Licensed Embalmer No.....
P. O. Address.....

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.