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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 12 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12173

Registrar's No. 355

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community: 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: BARTON
(c) City or town: LAMAR
(If outside city or town limits, write "RURAL")
(d) Street No.: 712 POPLAR
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Bernard Campbell Lockwood
3. (b) If veteran, name war: None
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Aug. (Month) 9 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	8	18	hr. min.

9. Birthplace: Midland (City, town, or county) Virginia (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Deputy Sheriff
FATHER
12. Name: Charles Andrews Lockwood
13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Flora Campbell
15. Birthplace: Midland (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Arthur M. Lockwood
(b) Address: Toledo, Ohio
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lamar, Missouri
18. (a) Signature of funeral director: Carl Konantz
(b) Address: Lamar, Missouri
19. (a) 4-28-48 (Date received local registrar) (b) W. E. Hendley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: APRIL day: 27 year: 1948 hour: 1:30 minute: P. M.

21. I hereby certify that I attended the deceased from: MAY 18, 1948 to APRIL 27, 1948; that I last saw him alive on: APRIL 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE	
Due to: FAILURE	2 YRS. +
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or ~~other~~)
Address: Springfield, Mo. Date signed: 4/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 1948

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 Carl F. Kennedy

Licensed Embalmer No. 7247

P. O. Address Lamar, 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.