

FILED MAY 24 1948

Registration District No. 374

Primary Registration District No. 6272

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Worth  
(b) City or town Rural - Allen  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community 12 yrs years, months or days

3. (a) PRINT FULL NAME SUSAN JANE LOCKHART

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

4. Sex 71 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 Apr - 22 1949 (Month) (Day) (Year)

8. AGE: Years 98 Months 11 Days 28 If less than one day hr. .... min.

9. Birthplace Clinton Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Pryor  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Marian Foster  
15. Birthplace Davis Co MO (City, town, or county) (State or foreign country)

16. (a) Informant ..... (b) Address .....

17. (a) Burial (b) Date thereof Apr 21 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Church

18. (a) Signature of funeral director Pham Bros

(b) Address Dempsey MO

19. (a) May 15 - 1948 (b) Edna E. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Worth 113  
(c) City or town Rural (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 April day 22 year 1948 hour 10 minute 57 AM

21. I hereby certify that I attended the deceased from April 22 1948 to April 22 1948  
that I last saw her alive on April 22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
7 left side of brain  
Due to Old Age

Due to .....

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

Major findings: Of operations 830  
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? 7 (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 2

23. Signature Charles N. Williams M. D. or other MO  
Address Century MO Date signed 5-1-49

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.....

*J. B. Bann*

Licensed Embalmer No.....

*2847*

P. O. Address.....

*Bann, 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.**