

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

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 77

1. PLACE OF DEATH:
 (a) County Howell
 (b) City or town Willow Springs, Mo.
(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 2 years
years, months or days)

3. (a) PRINT FULL NAME Thomas Mercer MEDLOCK
 3. (b) If veteran, name war --
 3. (c) Social Security No. 445-01-7025

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Omer Marie Medlock
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased April 19, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	7	7	hr. min.

9. Birthplace Minden, La.
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Printer

12. Name Fred Medlock

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

14. Maiden name Kathleen -- Driver

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

16. (a) Informant Mrs. Omer Marie Medlock
 (b) Address Willow Springs, Mo.

17. (a) Removal (b) Date thereof 11/28/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Angleton, Texas.

18. (a) Signature of funeral director Burns Funeral Home
 (b) Address Willow Springs, Missouri.

19. (a) 12-4-48 (b) Marshall Ballard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howell
 (c) City or town Willow Springs
(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 Nov. day 26,
 year 1948. hour 9:30 minute P. M.
 21. I hereby certify that I attended the deceased from Oct 19
1948 to ? 1948
 that I last saw him alive on Oct 23
 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary
occlusion Duration _____

Due to _____
 Due to _____

Other conditions alcoholism, chronic
(Include pregnancy within 3 months of death) (history)

Major findings:
 Of operations _____
 Of autopsy gfw

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? _____ (Specify type of place) _____
 (e) Means of injury _____
 Signature R. E. HUSSEY (M. D. or other) XX
 Address Willow Springs, Mo. Date signed 11/27/48.

RECEIVED 12-6-48
District Health Officer No. 5,
Number 1248757
District
Date Filed 12-6-48

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.....
Fred W. Barnes, Registered Apprentice No. 244
working under my personal supervision.

Signed  T.R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.