FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1949

Registration District No. 291

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42571

Primary Registration District No. 3048

Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 9 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State: Iowa (b) County: Taylor 999

(c) City or town: Bedford
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: James R. Locke

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lottie Locke

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: February (Month) 3 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	10	26	..... hr. ..... min.

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

10. Usual occupation: Attorney

11. Industry or business .....

MOTHER FATHER

12. Name: Edward Franklin Locke

13. Birthplace: Rochester (City, town, or county) New Hampshire (State or foreign country)

14. Maiden name: Julia Janvrin

15. Birthplace: Rochester (City, town, or county) New Hampshire (State or foreign country)

16. (a) Informant: R. Locke

(b) Address: Farmington Ia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 1 1949 (Month) (Day) (Year)

(c) Place: burial or cremation: Rockport Missouri

18. (a) Signature of funeral director: Floyd Shum

(b) Address: Bedford Iowa

19. (a) 1-8-49 (Date received local registrar) (b) Bess Holt (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 29 year: 1948 hour: 9 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Dec 29, 1948 to 9:30 p.m. 12/29 1948 that I last saw him alive on Dec 29 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiorespiratory failure	9 hrs
Due to: Acute alcoholism	
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? .....

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

23. Signature: E. D. Jones (M. D., or other) M.D.

Address: Mangulldine Date signed: 12/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd E Shum, Registered Apprentice No. ..... working under my personal supervision.

Signed Floyd E Shum

Licensed Embalmer No. 2381 Iowa

P. O. Address Bedford Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.