

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Calumet  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 313 W. Green  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Clair  
(c) City or town Oceola  
(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 CARRIE E. LOCKER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles E. Locker 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Dec 29 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation Housekeeper

MOTHER FATHER

12. Name Samuel R. Gardner

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

14. Maiden name Della Chatman

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

16. (a) Informant Hazel Locker

(b) Address Hawthorn Cottage

17. (a) Burial (b) Date thereof 1-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director H. Z. Sanson

(b) Address Clinton Mo.

19. (a) January 29 1944 Georgia Kitchey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 20, 1943, to Jan 28, 1944;  
that I last saw her alive on Jan 22, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis  
Myocarditis  
Due to Chronic Bronchitis Duration 10 da  
3 yr

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9321

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(a) Means of injury \_\_\_\_\_

23. Signature H. Z. Sanson (M. D. or other) M.D.

Address Clinton Mo Date signed 1-29-44

1069

RECEIVED

District Health Officer No. 71  
District File Number 1-44-123  
Date Filed 2-9-44

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

H. J. Tausant

Licensed Embalmer No.

3779

P. O. Address

Clinton 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.