

FILED DEC 8 1944

Registration District No. **8194**

Primary Registration District No. **3046-5796**

Registrar's No. **309**

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

1. PLACE OF DEATH:

(a) County **Monteary**
(b) City or town **Walter (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution **60 year** (Specify whether years, months or days)

In this community **60 year** years, months or days

3. (a) PRINT FULL NAME **Elias Allen Medlock**

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

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

6. (b) Name of husband or wife **Missus Billy Medlock** 6. (c) Age of husband or wife if alive **24** years

7. Birth date of deceased **Sept 1863** (Month) (Day) (Year)

8. AGE: Years **81** Months **1** Days **7** If less than one day hr. min.

9. Birthplace **Cal** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Allen Medlock**

13. Birthplace **Don't know** (City, town, or county) (State or foreign country)

14. Maiden name **Bertha Stebbins**

15. Birthplace **Don't know** (City, town, or county) (State or foreign country)

16. (a) Informant **Elias Medlock**

(b) Address **California MO**

17. (a) **Buried** (Burial, cremation, or removal) (b) Date thereof **11/5/44** (Month) (Day) (Year)

(c) Place: burial or cremation **Old Lebanon**

18. (a) Signature of funeral director **W. J. Allen**

(b) Address **California MO**

19. (a) **Nov 6-44** (Date received local registrar) (b) **W. J. Allen** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monteary**

(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 **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2** year **1944** hour **8** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **Oct 23** 19**44** to **Nov 2** 19**44**

that I last saw him alive on **Nov 1** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis** Duration **8 day**

Due to **Cancer of Prostate**

Due to

Other conditions (Include pregnancy within 3 months of death) **51**

Major findings: Of operations

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? (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 **J. P. Burdette** (M. D. or other)

Address **California, Cal** Date signed **11/4/44**

RECEIVED

District Health Officer No. 9,

District File Number.....

12-6-44

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California 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.