

U.S. No. 2
FORM-5-42
Rev. 5-17-39
SI 282872

7050

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAR 11 1943

Registration District No. 224

Primary Registration District No. 3046-3796

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town Rural Walnut Grove Imp
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all Her Lifes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau

(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 _____

3. (a) PRINT FULL NAME Mimmie Bell Medlock

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th year 1943 hour 9.45 minute _____ p. M.

21. I hereby certify that I attended the deceased from Aug 6 1942 to Feb 12 1943

that I last saw her alive on Feb 12 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race N

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elias Medlock

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug 31 1970
(Month) (Day) (Year)

Immediate cause of death Stroke cerebral thrombosis

Duration 1 day

8. AGE: Years 72 Months 5 Days 13 If less than one day _____ hr. _____ min.

Due to Chronic otitis media 4 con

9. Birthplace Monticau Mo 0
(City, town, or county) (State or foreign country)

Due to Pulmonary fibrosis Tuberculi 4 con

10. Usual occupation Housewife

Other conditions None besides not found 4 con
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Audrey Kenny

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hill

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy JJK

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Elias Medlock

(b) Address California Mo

17. (a) Burial (b) Date thereof 2/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Lebanon

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? _____

18. (a) Signature of funeral director William F. Erdmeyer

(b) Address California Mo

19. (a) 2-14-43 (b) JJK
(Date received local registration) (Signature)

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

23. Signature J.P. Burke Jr. (M. D. or other) _____

Address California Mo Date signed Feb 12 43

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

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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 HE Friedmeyer
Licensed Embalmer No. 2854
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.

[Handwritten signatures and stamps]
24-81-8