

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hampton
40634
State File No. _____
Registrar's No. _____

FILED DEC 15 1947
Registration District No. 3092

Primary Registration District No. 6120

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

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Rural Casto Twnship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

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

In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon /01

(c) City or town Rural Casto Township
(If outside city or town limits, write "RURAL")

(d) Street No. 7 mile NE of Summersville, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Allie Minerva Medlock

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

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

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

7. Birth date of deceased 1853
(Month) (Day) (Year)

8. AGE: Years 94 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Huben Cope

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

14. Maiden name Jane Brock

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

16. (a) Informant J S Medlock

(b) Address Summersville, Mo.

17. (a) Burial (b) Date thereof Oct. 11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summersville Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain View, MO.

19. (a) 12-8-47 (b) Huben Cope
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1947 hour 9 minute p M.

21. I hereby certify that I attended the deceased from Feb 20 1946 to Oct 8 1947
that I last saw her alive on Oct 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of lower lip

Due to Senility

Due to _____

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

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? 2

While at work? _____ (Specify type of place)

(e) Means of injury Do.

23. Signature Dr. Laver Hampton (M. D. or other) Nov 27
Address Summersville Date signed _____

RECEIVED

Dist.

Date Filed

1247708
12-13-47

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

Joe S. Duncan

Licensed Embalmer No.

4325

P. O. Address

Myrtle View 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.