

FILED SEP 23 1946

STANDARD CERTIFICATE OF DEATH

State File No. **31036**

Registration District No. **243**

Primary Registration District No. **3047**

Registrar's No. **78**

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

1. PLACE OF DEATH:

(a) County **NEWTON**
 (b) City or town **NEOSHO**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
702 FINNEY AVE.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **NEWTON** **73**
 (c) City or town **NEOSHO** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **702 FINNEY AVE** **2**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **LULU TENNESSEE CARLOCK**

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

4. Sex **FEMALE** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **JAMES H CARLOCK** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **NOVEMBER 30 1884**
(Month) (Day) (Year)

8. AGE: Years **61** Months **9** Days **0**
 If less than one day _____ hr. _____ min.

9. Birthplace **DURHAM ARKANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **WILLIAM FOSTER**

13. Birthplace **UNKNOWN TENNESSEE**
(City, town, or county) (State or foreign country)

14. Maiden name **JOSEPHINE UNKNOWN**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Marie Smith**

(b) Address **Tulsa Oklahoma**

17. (a) **Burial** (b) Date thereof **9-2-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Neosho 2001 Seward**

18. (a) Signature of funeral director **Corley Thompson**
 (b) Address **Neosho Mo**

19. (a) **Sept 19, 1946** (b) **M. C. Bowman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30**
 year **1946** hour **unknown** minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____
 that I last saw her **alive** on **Aug 30** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cause of death unknown, was found dead in bed.**
 Duration _____

Due to **Probable cerebral hemorrhage**
 Due to _____

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

Major findings: **83A**
 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) _____
 Means of injury **3**

23. Signature **Corley Thompson** (M. D. or other) **Coroner**
 Address **Neosho Mo** Date signed **9/30/46**

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 *Corley Thompson*.....

Licensed Embalmer No. *3259*.....

P. O. Address *Neosho Missouri*.....

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.