No. 2
—8-43
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13007

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME A. Monroe Medlock

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Jane Strong Medlock

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

7. Birth date of deceased February (Month) 10, (Day) 1873 (Year)

8. AGE: Years 74 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Douglas County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Tom Medlock
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name S. Williams
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Medlock
(b) Address Ava, Missour

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-47 (Month) (Day) (Year)

(c) Place: burial or cremation Loftin

18. (c) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) April 12-47 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1947 hour 11: minute 15 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 1947
that I last saw him alive on 3 , 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia	3 days
Due to: Influenza	2 weeks
Due to:	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations
Of autopsy

93D

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?
(Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature M. C. Gentry (M. D. ~~or other~~)

Address Ava Mo Date signed 3-21-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 447-468
Date Filed APR 22 1947

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address [illegible]

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.