WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 400 — File No. 5301
Township PRAIRIE — Primary Registration District No. 5553B — Registered No. 41
City ..... (No. JACKSON COUNTY HOME FOR AGED St. ..... Ward)

2. FULL NAME JOHN F. LUCKENBILL
(a) Residence, No. 809 W. LEXINGTON AVE. St., ... Ward. INDEPENDENCE, MO.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ DORA LUCKENBILL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 - 24 - 1879

7. AGE — YEARS 545 — MONTHS 1 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MASTER MECHANIC
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SHEFFIELD STEEL MILLS.
10. Date deceased last worked at this occupation (month and year) DEC. 1932
11. Total time (years) spent in this occupation 25 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN PENN.

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. DORA LUCKENBILL 809 W. LEXINGTON

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUND GROVE DATE FEBR 27, 1934

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME. 815 W. MAPLE AVE.

20. FILED Feb. 26, 1934 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/2, 1934, to 2 - 23, 1934
I last saw him alive on 2/22, 1934. Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
mitral regurgitation	
42.00	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. W. Greene, M. D.
(Address) Independence Mo