REC'D AUG 24 1930

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

25515
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 398
(b) Township Blue — Primary Registration District No. 3019 — Registered No. 202.
(c) City Independence Sanitarium (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN LUZADDER
(a) Residence, No. BUCKNER RFD No.1. West St. 236
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs. Mollie Luzadder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.5.1871

7. AGE: Years 67 — Months 8 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 1938
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Abraham Luzadder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co. Indiana

MOTHER
15. MAIDEN NAME Miss Hanna (Luzadder)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

17. INFORMANT (ADDRESS) Mrs Mollie Luzadder Buckner Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Orrick Mo. ~~South Point Cem~~ DATE July 26/38 ,19
19. FUNERAL DIRECTOR (NAME) V.M.Reppert. (ADDRESS) Buckner Mo. No.2321.
20. FILED 7-27-, 19 38 G. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23/38 ,19

I HEREBY CERTIFY That I attended deceased from July 18 ,1938, to July 23 ,1938
I last saw him alive on July 23 ,1938. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	unknown
Cystitis & Prostatitis	unknown

Other contributory causes of importance: 1978
Cystitis July 1938

Name of operation Said today had a complete examination Date of Doubtful
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) [illegible], M. D.
(Address) Independence Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH INKPAD INK—THIS IS A PERMANENT RECORD

1 X14028

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, ...

V M Reppert No.2321., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner 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, above space should be left blank.