

REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39233
Do not use this space.

816

1. PLACE OF DEATH

(a) County Greene Registration District No. 318 518
 (b) Township 1st N. Campbell Primary Registration District No. 5439
 (c) City Springfield (d) Street No. R#10
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. R#10 St.
 (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 Female 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 Lloyd Luckeman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8-1880
 7. AGE YEARS 58 MONTHS 3 DAYS 23 IF LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc. In home
 10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

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

Ill.

FATHER 13. NAME

Joe Preston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill.

MOTHER 15. MAIDEN NAME

Sally Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Lloyd Luckeman Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Union Baptist Church Franklin, Ill. DATE Nov. 3 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

J. W. Wagner & Co. Springfield, Mo.

20. FILED

Nov. 13 1938 Chas. George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1938

22. I HEREBY CERTIFY That I attended deceased from September 36, 1938, to Nov. 1, 1938

I last saw her alive on 10/26, 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus (corpus) diagnosed made Jan. 1938
terminal hemorrhage per vagina
H.S.

Other contributory causes of importance:

Extension of Cancer, massive hemorrhage, extra-pituitary abscess. Had uterus removed - abscess drained

Name of operation Hysterectomy + chemo Date of Feb. 1938

What test confirmed diagnosis? histology Was there an autopsy? yes

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. Wagner M. D.
Springfield, Mo.

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.

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.

#1763 : Warren J. Hoblett #4005

and Roy G. Law
by *Mr. Max Rhodes*

Registered Apprentice No. 117, working under my personal supervision.

Signed

J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address

Springfield, 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.