REC'D FEB 15 1939

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

1887
Do not use this space.

1. PLACE OF DEATH
(a) County Cape — Registration District No. 125 — Registered No. 48
(b) Township Cape — Primary Registration District No. 3009
(c) City Cape Girardeau Missouri (d) Street No. Lemings Mill 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry L. Lufcy
(a) Residence, No. Cape Girardeau Missouri 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: 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 Dolly Lufcy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 . 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lumber Mill
9. Industry or business in which work was done, as saw mill, bank, etc. eneral Mill Worker
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 COUNTY) Loera Missouri

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Dont Know

MOTHER
15. MAIDEN NAME Mary Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Dnt Know

17. INFORMANT Mrs. Dolly Lufcy
(ADDRESS) Cape Girardeau Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cem. DATE 2-2-1939, 19

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home
(ADDRESS) Cape Giardeau Missouri

20. FILED 2-2, 1939 J. M. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

Date of onset

were the Coroner did not hold an inquest and dismissed by E. R. Triplett Coroner of Cape Girardeau after hearing the evidence given to the coroner the jury found that the deceased came to his death resulted of an heart failure.

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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. At Lemings Sawmill in Cape Girardeau
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) E. R. Triplett Coroner, ..., M.D.
(Address) H. S. Pacific St Cape Girardeau

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.

(Licensed Embalmer's Statement on Reverse Side)

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 L. L. Hamaus

Licensed Embalmer No. 2863

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.