

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

43215  
Jan 5-1940

Registration District No. 245

Primary Registration District No. 5339

Registrar's No. 13

1. PLACE OF DEATH:  
(a) County Dallas  
(b) City or town Rural Lincoln  
(c) Name of hospital or institution: Urbania Inn  
(d) Length of stay: In hospital or institution 2  
In this community 23 years, months or days

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Mo (b) County Hickory  
(c) City or town Rural Clinton  
(d) Street No. Mo.  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Versie Lucas  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month 12 day 17  
year 1939 hour 5 minute 2 M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Earl Lucas 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased May 26 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-10-39, 1939 to 12-11-39, 1939 that I last saw her alive on 12-10-39 and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cerebral hemorrhage Duration 18 hrs  
Due to Hypertension or arteriosclerosis 10 yrs  
Due to Heart Knorr

9. Birthplace Hickory Co. Mo.  
(City, town, or county) (State or foreign country)

Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation House wife  
11. Industry or business \_\_\_\_\_  
12. Name Henry Highroad  
13. Birthplace ky  
14. Maiden name Belle Carter  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

Major findings: Of operations none  
Of autopsy none

16. (a) Informant's own signature Earl Lucas  
(b) Address Clinton Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-13-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bolt Town  
18. (a) Signature of funeral director L. B. Jones  
(b) Address Buffalo Mo.  
19. (a) Dec. 31-1939 (b) E. E. Williams  
(Date received local registrar) (Registrar's Signature)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature E. E. Williams (M. D. or other) \_\_\_\_\_  
Address Buffalo Mo Date signed 12-13-39

41  
1939-12-11  
1900-5-26  

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39-6-15

13

RECEIVED  
District Health Officer No. 7  
District No. 17-40-21  
Water Filter 128-40

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**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**