. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10089

Registration District No. 40 Primary Registration District No. 20624 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Barton

(b) ~~City or town~~ Rural Northfork
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 miles North west of Jasper
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ? (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural #3
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi North west of Jasper
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Lewis Cass Lucas 220

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Elizabeth

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased April (Month) 4 (Day) 1851 (Year)

8. AGE: Years 88 Months 11 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace McLain Co (City, town, or county) Ill (State or foreign country)

10. Usual occupation farming

11. Industry or business Retired farmer

FATHER
12. Name John N. Lucas
13. Birthplace Unknown (City, town, or county) A (State or foreign country)

MOTHER
14. Maiden name Mary Horn
15. Birthplace Unknown (City, town, or county) A (State or foreign country)

16. (a) Informant Jessie Lucas
(b) Address Jasper Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Waters Geon

18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper Mo

19. (a) Mch 22 (Date received local registrar) (b) Mrs Josephine Mynatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1940 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from April, 1939, to March 21, 1940; that I last saw him alive on March 20, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal bronchopneumonia	3 days
Due to: Chronic arteriosclerotic nephritis	?
Due to: Generalized arteriosclerosis	

Other conditions (Include pregnancy within 3 months of death): 3

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? No
While at work? (Specify type of place) (e) Means of injury

23. Signature Chas. F. Schell, Jr. (M. D. or other) M.D.
Address Jasper, Mo Date signed 3/21/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED,
District Health Officer No. 6,
District File Number 440 - 986
Date Filed APR 8 1940

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 Phas. J. Teeter, Registered Apprentice No. ....., working under my personal supervision.

Signed Phas. J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.