

FILED JUN 17 1940

State File No. \_\_\_\_\_

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Jackson Blue Trvr  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Allen Rd. East of Indep.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 522 W. Maple St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HOMER James Luff

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race whit 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 19, 1917  
(Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Independence Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Taxi driver

12. Name Alma Luff

13. Birthplace Independence Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Alma Mae Street

15. Birthplace Independence Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Mae Luff

(b) Address 422 W. River

17. (a) Burial (b) Date thereof May 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maund Grove

18. (a) Signature of funeral director Cate & Speaks

(b) Address Independence, Mo.

19. (a) May 18 '40 (b) F. L. Cook  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 17 - Year 1940  
hour \_\_\_\_\_ minute 57 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I am \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Pulmonary Edema  
Due to Carbon Monoxide Poisoning  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 5-17-40  
(c) Where did injury occur? Jackson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Allen Rd. East of Indep.  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Russell Jensen (M. D. or other) S  
Address Denver Date signed 5/18/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 me

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

Signed Roland Sparks  
Licensed Embalmer No. 3604  
P. O. Address Independence, 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.