No. 2
11-10-39
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X21492

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

FILED AUG 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25670

Registration District No. 518 Primary Registration District No. 5694 Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural, McMillan Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Rural, Anderson
(If outside city or town limits, write "RURAL")
(d) Street No. R. F.D. # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lovell L. Lucas 220

3. (b) If veteran, name war World War
3. (c) Social Security No.

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

6. (b) Name of husband or wife Wanona Lucas
6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 12 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Shell City Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation farmer 1
11. Industry or business own farm 0

FATHER
12. Name H.H. Lucas
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hartman
15. Birthplace St. Clair County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thelma Neptune
(b) Address Pittsburgh Kansas
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Cemetary
18. (a) Signature of funeral director M. W. Snow
(b) Address Anderson, Missouri
19. (a) 7-17-40 (Date received local registrar) (b) Mrs Lee Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Dead On Arrival to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Appoplexy (probable)	
Due to over exertion, and heat exaustion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no 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?
(Specify type of place)
While at work? (e) Means of injury 4 1/2 3

23. Signature S. S. Bush D.O. (M. D. or other)
Address Anderson, Missouri Date signed

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1945

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 M. D. Shaw

Licensed Embalmer No. 4034

P. O. Address Anderson, Mo

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

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