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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32046

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 764

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 days. (Specify whether 1 0

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

(c) City or town Clever (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

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

3. (a) PRINT FULL NAME Luce - John T

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed, married, divorced~~ Married

6. (b) Name ~~of husband~~ or wife Katherine Luce

6. (c) Age ~~of husband or wife~~ if alive 69 years

7. Birth date of deceased Feb. (Month) 8 (Day) 1871 (Year)

8. AGE: Years 69 Months 7 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Greene Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer 0

11. Industry or business 1

FATHER
12. Name Royal Luce.
13. Birthplace Greene Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cheil, Margaret
15. Birthplace Lampassus Texas. (City, town, or county) (State or foreign country)

16. (a) Informant Son-in-law

(b) Address 629 W. Madison Springfield Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 21 '40 (Month) (Day) (Year)

(c) Place: burial or cremation Clever.

18. (a) Signature of funeral director T. W. Maples

(b) Address Clever Mo

19. (a) Sept. 21, 1940 (Date received local registrar) (b) W. E. Handley MD RJB (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21 year 1940 hour 3 minute 12 A.M.

21. I hereby certify that I attended the deceased from September 15, 1940 to September 21, 1940 that I last saw him alive on September 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Massive Gastric Hemorrhage	7 days
Due to Possible Gastric Ulcer or	
Due to Carcinoma - Definite diagnosis not obtained.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 11	
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? 9 a/n (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A D Vane (M. D. or other) HWD

Address Springfield Mo. Date signed 9/23/40

(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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.

X