

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35488

NOV 20 1940
Registration District No. 3019

Primary Registration District No. 3019

Registrar's No. 258

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 211 West So Side Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community 20 years
(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. 211 West So Side Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME May Vera Luckworth

3. (b) If veteran, name war none

3. (c) Social Security 480-09-2020

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 17-1917
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>23</u>	<u>7</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Bartlesville Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business Standard Oil Co

12. Name May Vera Luckworth

13. Birthplace Parsons Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Lucy

15. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant One Martha Luckworth

(b) Address 211 West So Side Blvd.

17. (a) Burial (b) Date there Oct. 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Judapest

(b) Address Independence

19. (a) Oct. 17 40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1940 hour About minute 3 am

21. I hereby certify that I attended the deceased from _____ 19____;
Opety Coron
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon monoxide Poisoning

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 17 1/2

Major findings: 17 1/2

Of operations _____

Of autopsy _____

Duration _____

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) Accident

(b) Date of occurrence 10-16-40

(c) Where did injury occur? Independence Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? _____ (Specify type of place) _____
(e) Means of injury Car

23. Signature F. L. Cook (M. D. or other) _____
Address I.C. Mo. Date signed _____

DEC 10 1947

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

Frank W. Clark

Licensed Embalmer No.

2467

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, fact should be so stated above.