DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39287

Registration District No. 958 Primary Registration District No. 6786C Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Montgomery Danville

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

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

(d) Length of stay: In hospital or institution (Specify whether In this community 3 Months years, months or days) 2

DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Near Mineola Mo (If outside city or town limits, write "RURAL")

(d) Street (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Jane Luckett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 17 th (Day) 1883 (Year)

8. AGE: Years 56 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Home 0

11. Industry or business

FATHER
12. Name James Hudson 1
13. Birthplace Ind (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Smith
15. Birthplace Va (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs William Gray
(b) Address Mineola Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) Nov 7th-40 (Date received local registrar) (b) Mrs Cora Page (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov- day 5 year 1940 hour 5 minute 30 p.M.

21. I hereby certify that I attended the deceased from Sept 2, 1940, to Nov 5, 1940; that I last saw her alive on Nov - 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	3 days
Generalized Carcinoma	8 mo
Due to Carcinoma of the Adnexa (Ovary)	P
Due to	
Other conditions (Include pregnancy within 3 months of death) 49	

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? (Specify type of place)
While at work? 9 40 (e) Means of injury

23. Signature James O. Helm MD (M. D. or other)
Address New Florence Mo. Date signed 11/6/40

(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 on the 5 th day of I940, Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No. I847

P. O. Address Montgomery City Mo

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

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