No. 2-1 DEPARTMENT OF COMMERCE
1-10-39 BUREAU OF THE CENSUS
17-39
X21492

7

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

44128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 863 Primary Registration District No. 6137 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Texas

(b) ~~City or town~~ Rural Piney 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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missorui (b) County Texas

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

(d) Street No. Near Houston Mo.
(If rural, give location)

0

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

3. (a) PRINT FULL NAME Sarah Alice Luck

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 Married

6. (b) Name of husband or wife A. F. Luck

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 31st, 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 18 If less than one day -hr. --- min.

9. Birthplace Donivan Co. (City, town, or county) Kans. (State or foreign country)

10. Usual occupation Farm Wife 1

11. Industry or business Farming 1

FATHER
12. Name Benjiman Whorton 9
13. Birthplace ------ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Minta Thoman
15. Birthplace Not Known (City, town, or county) Thoman (State or foreign country)

16. (a) Informant A. F. Luck

(b) Address Houston Mo.

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

(c) Place: burial or cremation Ozark Cemetary

18. (a) Signature of funeral director Gayford V. Elliott

(b) Address Houston Mo.

19. (a) Dec 20 1940 (Date received local registrar) (b) Mabel Shacklett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day Dec. year 1940 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1936, 19__, to Dec. 18, 1940; that I last saw her alive on DEC 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION	
Due to HYPERTENSIVE CARDIO-RENAL VASCULAR DISEASE	
Due to	
Other conditions CHRONIC ARTHRITIS (Include pregnancy within 3 months of death) SENILITY	

Major findings:
Of operations 3
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)

9 While at work? (e) Means of injury 1

23. Signature L. E. Dillman (M. D. or other) HD

Address Houston Mo Date signed 12-19

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 141 5/6
Date Filed

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 E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Me

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

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