

FEB 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2279

State File No. \_\_\_\_\_

Registration District No. 204

Primary Registration District No. 3012

Registrar's No. 4

1. PLACE OF DEATH: Clinton  
 (a) County Cameron  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Lillian Dale Luckey  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Stephen D Luckey 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased July 24, 1878  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chillicothe Mo. (1)  
 (City, town, or county) (State or foreign country)  
At home

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_  
 12. Name Benjamin Harell.  
 13. Birthplace Ky. /  
 14. Maiden name Elizabeth Townsend  
 15. Birthplace Ky. /  
 (City, town, or county) (State or foreign country)

16. (a) Informant S.D. Luckey  
 (b) Address Cameron  
 17. (a) Burial (b) Date thereof 1-20-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Pk. K.C. Mo.  
Poland Funeral Home  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Cameron

19. (a) Jan 19 1941 (b) St. H. Bailey  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Clinton 25  
 (c) City or town Cameron  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. West 3rd. St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18  
 year 1941 hour 1:40 P.M. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Jan 4  
 \_\_\_\_\_, 1941, to Jan 18, 1941  
 that I last saw her alive on Jan 18  
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to bronchial asthma  
arteriosclerosis

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 97

Major findings:  
 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) \_\_\_\_\_  
 (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?  
115 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature C.D. James (M. D. or other) 200  
 Address Cameron Mo Date signed 1/19/41

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

**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 *James Scott Hicks*  
Licensed Embalmer No. *4092*  
P. O. Address *Camden, Missouri*

**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.**