DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2366

Registration District No. 31

Primary Registration District No. 5314

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Crawford
(b) ~~City or town~~ Steelville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 84 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Crawford 28
(c) City or town Steelville Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME [redacted] Luck
3. (b) If veteran, name war Bernetha Ann
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, ~~divorced~~ 3
6. (b) Name of husband or wife
6. (c) Age of husband or ~~wife if alive~~ Dead years
7. Birth date of deceased Jan 18 - 1866 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Crawford County (City, town, or county) 10 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name R M Brown
13. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Mathews (City, town, or county) 1 (State or foreign country)
16. (a) Informant Tom Luck
(b) Address Steelville Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Gelabe Cemetery
18. (a) Signature of funeral director L C Jones & Son
(b) Address Steelville Mo
19. (a) 2-10-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 12-12- 1940, to 12-13- 1940; that I last saw her alive on 12-12 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (e) Means of injury

23. Signature R. C. Parker (M. D. or other) D
Address Steelville Mo Date signed 1-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 6
94/297

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 Not Embalmed, Registered Apprentice No. 26 working under my personal supervision.

Signed Harry M. James

Licensed Embalmer No. 2628

P. O. Address

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

If this body is not embalmed, fact should be so stated above.

No. 2B
1-25-41
X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2366

Registration District No. 237 Primary Registration District No. 2314 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Meramec Tp
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bernetha Owen 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 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name Mary Ann Mathias
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director Steelville Mo
(b) Address

19. (a) 2-10-41 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1940 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 (e) Means of injury

23. Signature R C Parker (M. D. or other)
Address Steelville Mo Date signed

SUPPLEMENTARY