

No. 2  
4-13-40  
5-17-39

FILED MAR 11 1941

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **171**

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
2419 Lafayette /  
(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 15 years

3. (a) PRINT FULL NAME NOMA CUDDIE LUCAS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Corban W. Lucas

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 5 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Doniphan County / Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

MOTHER FATHER { 12. Name Oliver P. Dittemore

13. Birthplace Buchanan County / Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Carson

15. Birthplace Buchanan County / Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Corban W. Lucas

(b) Address 2419 Lafayette St. Joseph, Mo.

17. (a) Removal (b) Date thereof 2-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Kansas

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo.

19. (a) Feb 10 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan //

(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")

(d) Street No. 2419 Lafayette /  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th.  
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-9-41  
\_\_\_\_\_, 19\_\_\_\_, to 2-9-41, 19\_\_\_\_;  
that I last saw her alive on 2-9-41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor

Due to Diagnosis made from history, only. n.m.v.

Due to \_\_\_\_\_

Other conditions 59  
(Include pregnancy within 3 months of death)

Major findings: None.

Of operations \_\_\_\_\_

Of autopsy None.

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? 85

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury.

23. Signature Paul Morgan (M. D. [Signature])

Address St. Joseph, Mo. Date signed 2-10-41

731 Faron

OCT 3 0 1944

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**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.....

*Carl W. Havase*

Licensed Embalmer No.....

*3955*

P. O. Address.....

*St. Joseph, 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.**