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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7872

Registration District No. 695

Primary Registration District No. 5922

Registrar's No.

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

3
0
0

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Parkville (Rural) Rettis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 16 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Parkville Mo (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? June Feb 1 40 years.

3. (a) PRINT FULL NAME Ann Elizabeth Lukens

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Robert P Lukens

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

7. Birth date of deceased Oct-15 (Month) - 1852 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	3	16	hr. min.

9. Birthplace Springfield (City, town, or county) Omo (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business Home

FATHER
12. Name Joseph E. Ball
13. Birthplace ? (City, town, or county) Omo (State or foreign country)

MOTHER
14. Maiden name Mary E. Gray
15. Birthplace ? (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs Homer White

(b) Address Parkville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills K.C. Mo

18. (a) Signature of funeral director Leland H Francis

(b) Address Parkville Mo

19. (a) 2-4-1941 (Date received local registrar) (b) S. P. Ford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1941 7 PM hour minute M.

21. I hereby certify that I attended the deceased from Jan 27, 1941, to Feb 1, 1941; that I last saw her alive on Jan 27, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 D	
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 Underwood Jr (M. D. or other) 0

Address Parkville Mo. Date signed

(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 Me.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3451

P. O. Address Parkville Me

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, above space should be left blank.