MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8014

Registration District No. 771 — Primary Registration District No. ~~771~~ 4462 — Registrar's No. ~~6047~~

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bismarck
(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. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME ROSA LEE LUCAS
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sep (Month) 2 (Day) 1939 (Year)

8. AGE: Years 2 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Bismarck Mo (City, town, or county) (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name Robert L. Lucas
13. Birthplace Bismarck Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Audry M Kelvey
15. Birthplace Bismarck Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Robert L. Lucas
(b) Address Bismarck Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 2-13 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Bismarck Mo
18. (a) Signature of funeral director White & Hill
(b) Address Bismarck
19. (a) Feby 13 41 (Date received local registrar) (b) F. W. Gale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1941 hour 5 ~~minute~~ P M.
21. I hereby certify that I attended the deceased from 12-1-, 1940, to 2-12, 1941 that I last saw her alive on 2-9-, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to	
Due to Influenza	
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 Jas W. Hoffman (M. D. ~~or other~~)
Address Bismarck Mo Date signed 2-25-41

(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 No Embalming, Registered Apprentice No. _____, working under my personal supervision.

Signed C J Hill

Licensed Embalmer No. 1852

P. O. Address Bismarck

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, above space should be left blank.