

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John W. Luce**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary C. Luce** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **July 21 1858**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **18** If less than one day
hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Letter carrier**

11. Industry or business

MOTHER FATHER { 12. Name **Russell Luce**
13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Ann Allingstone**
15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary C. Luce**
(b) Address **2636 Agness**

17. (a) **Burial** (b) Date thereof **Mar 12 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenlawn Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918 Brooklyn**

19. (a) **Mar 11, 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City Mo.** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **2636 Agness** (If rural, give location) **0**
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **9** year **1941** hour **10** minute **P** M.
21. I hereby certify that I attended the deceased from **Feb 11**, 1941, to **March 9**, 1941; that I last saw him alive on **March 9**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Renal pneumonia** **46 P**
Due to **Carcinoma of stomach** **approx. 6 mo.**
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?

While at work? (Specify type of place) (a) Means of injury **D**
23. Signature **John M. Powers** (M. D. or other) **MD**
Address **3622 1/2 E. 27th St.** Date signed **3/10/41**

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

*029 Jackson
Lic. 0919*

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

W. Wise

Licensed Embalmer No. *2590*

P. O. Address

KC 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.