

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0 Brandon Hoop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 817 Mand st
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joan Arlene Lucas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 28 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Dorene Lucas
13. Birthplace Golden Gate Ill
(City, town, or county) (State or foreign country)
14. Maiden name Effie Gravens
15. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dorene Lucas
(b) Address Poplar Bluff Mo
17. (a) Burial (b) Date thereof May 30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Frank Montuano
(b) Address Poplar Bluff Mo

19. (a) 6/8/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 41 hour 11 minute 20 P, M.
21. I hereby certify that I attended the deceased from May 28, 1941, to May 29, 1941;
that I last saw her alive on May 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Patient Clusters Arteriosus Duration 5/28/41
Due to _____
Due to 1576
Other conditions Calcanoclalgus 5/28/41
(Include pregnancy within 3 months of death)

Major findings: 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? _____

23. Signature [Signature] (M. D. or other) [Signature]
White at work? _____ (Specify type of place) (e) Means of injury _____
Address Poplar Bluff Mo Date signed 6/2/41

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

12
7
3

FILED 501 15 1941

RECEIVED

District Health Officer No. _____

District File Number 741-801

Date Filed 7/10/41

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.

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.