S. No. 2
A—4-13-40
v. 5-17-39
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DEPARTMENT OF COMMERCE
Bureau of the Census
FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24501
State File No.

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 206

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

010 2 4

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 days (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Polk
(c) City or town: Red Top, Mo 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.? — 1 years.

084 0 0

3. (a) PRINT FULL NAME: Annie 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: W. d
6. (b) Name of husband or wife: W. H. Lucas
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: March (Month) 6 (Day) 1876 (Year)
8. AGE: Years 65 Months 4 Days 25 If less than one day — hr. — min.
9. Birthplace: Polk Co (City, town, or county) Mo U (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: —
MOTHER FATHER
12. Name: Thomas Martin McMillin
13. Birthplace: Missouri (City, town, or county) U (State or foreign country)
14. Maiden name: Matilda Jane Davison
15. Birthplace: Polk Co (City, town, or county) Mo U (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address: Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 1, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope, Polk Co.
18. (a) Signature of funeral director: Sallie Spring
(b) Address: 1100 Bonnie Spring
19. (a) 8/1/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour 11 minute 17 M.
21. I hereby certify that I attended the deceased from 5-29, 1941, to 7-31, 1941; that I last saw h. alive on 7-31-41, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Vulva	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: Pulmonary Emboli
Acute Endocarditis

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: Lauren V. Ackerman (M. D. or other) M.D.
Address: Columbia Mo Date signed 7/31-41

(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.....

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

working under my personal supervision.

Signed Ralph Thieme (Doyle Dan)

Licensed Embalmer No. 3081

P. O. Address Springfield, 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.