

No. 2  
11-10-33  
5-17-34  
I X21492

FILED AUG 7 1941 875

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural - Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital # 39  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 yrs (Specify whether  
In this community 31 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair  
(c) City or town Osceola  
(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.

8. (a) PRINT FULL NAME Nannie Stewart Lucas

3. (b) If veteran, name war None 3. (c) Social Security No. None

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 July 16 1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles H. Lucas  
13. Birthplace Danville Kentucky  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Hilly Apple  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Records, State Hosp # 3  
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 7 14 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo

18. (a) Signature of funeral director HB Braden  
(b) Address Nevada Mo

19. (a) 7-14-41 (b) Allen V. King  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20: DATE OF DEATH: Month July day 14  
year 1941 hour 4 1/2 minute A. M.

21. I hereby certify that I attended the deceased from July 13, 1941, to July 14, 1941;  
that I last saw her alive on July 13, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Status Epilepticus Duration One Hour

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 85

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? ( ) Means of injury \_\_\_\_\_

23. Signature Robert J. Peller (M. D. or other) M.D.  
Address Nevada, Mo. Date signed 7-14-41

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

RECEIVED

District Health Officer No. 7,

District file Number 8-41-1240

Date Filed 8-5-41

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**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.....

*J. B. B. B. B.*

Licensed Embalmer No. 3038

P. O. Address 10300 C M O

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**