

No. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33813
Registrar's No. 3745

Registration District No. 277

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3819 Vineyard Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Luceas Dorothy J
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.W. Luceas
6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Sept 5, 1911
(Month) (Day) (Year)

8. AGE: Years 26 Months 1 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife
11. Industry or business _____
12. Name Glenn S. Parker
13. Birthplace Centron Mo
(City, town, or county) (State or foreign country)
14. Maiden name Stella Johnson
15. Birthplace Centron Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J.W. Luceas
(b) Address 3819 Vineyard Rd

17. (a) Removal (b) Date thereof 10-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Wenger Colo

18. (a) Signature of funeral director Dick Leach
(b) Address 6909 West KC MO

19. (a) 10/27/41 (b) N.M. Crome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3819 Vineyard Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Mer 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 6 1941
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 5:0 P.
that last night on _____, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Non-pneumonia + pneumonia
Due to Rupture of the left diaphragm,
hernia due to trauma
(Includes pregnancy within 8 months of death)

Major findings:
Of operations _____
Of autopsy Yes 187-8
99 (M. D. or other)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-6-41 123
(c) Where did injury occur? K.C. Mo
(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)
(e) Means of injury 5
23. Signature Wenger (M. D. or other)
Address K.C. Mo Date signed _____

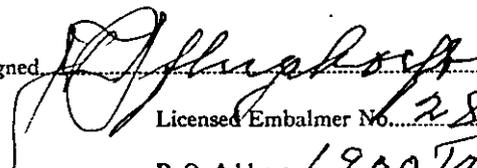
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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



Licensed Embalmer No. 2806

P. O. Address 1900 Transit K

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.