

FILED FEB 10 1942 STANDARD CERTIFICATE OF DEATH

State File No. 1739

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6408 King Hill Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6408 King Hill Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James W. Lucas

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura Lucas 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec. 15, 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 1 If less than one day
hr. _____ min. _____

9. Birthplace Lakeville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Barber - Retired

11. Industry or business _____

12. Name George W. Lucas

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Guant

15. Birthplace Hagerstown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Lucas

(b) Address 6408 King Hill Ave.

17. (a) Burial (b) Date thereof Jan. 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cem.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5085 King Hill Ave.

19. (a) Jan. 19, 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1942 hour 1 minute 45 p. M.

21. I hereby certify that I attended the deceased from Jan. 13, 1942, to Jan. 15, 1942
that I last saw him alive on Jan. 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3 days
Due to Chronic endocarditis ?

Due to _____
Other conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)
Cerebral Apoplexy long ago

Major findings: 83a!
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 5008 King Hill Date signed 1-17-42

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

MOTHER FATHER

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 1/16/42

Registered Apprentice No.

working under my personal supervision.

Signed

E. A. Clark

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.