

Registration District No. 773 Primary Registration District No. 4464

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

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington, Mo.
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community twenty-two years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County 94
 (c) City or town _____ (If outside city or town limits, write "RURAL") 7
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clara Adell Lucus Anton
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 27 year 1942 hour 4- minute 5- P. M.
 21. I hereby certify that I attended the deceased from Feb. 27 1942 to Feb. 27 1942
 that I last saw her alive on Feb. 27 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife J.G. Anton 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased May 18 1883
 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
 Due to Coronary Disease of 1 1/2 years duration
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 58 Months _____ Days _____ If less than one day hr. _____ min. _____
 9. Birthplace Bismark, Mo.
 (City, town, or county) (State or foreign country)

Major findings: Of operations 94a
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death is charged statistically.

MOTHER FATHER

10. Usual occupation Dry Good & Notions Store
 11. Industry or business _____
 12. Name August Francis Lucus
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Ellen Cook
 15. Birthplace Springfield, Ill. (City, town, or county) (State or foreign country)
 16. (a) Informant J.G. Anton
 (b) Address Farmington, Mo.
 17. (a) Burial (b) Date thereof March 2-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Colony Farmington, Mo.
 18. (a) Signature of funeral director _____
 (b) Address Cozy Funeral Home
 19. (a) 3-27-42 (b) Burdie J. Burdette
 (Date received local registrar) (Registrar's signature)

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)
 _____ (Specify means of injury)
 23. Signature Geo. H. Walters (M. D. or other) _____
 Address Farmington, Mo. Date signed 2-7-42

RECEIVED

District Health Officer No. 4

District File Number 442-422

Date Filed 4-10-44

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.....

me

Registered Apprentice No.....

working under my personal supervision.

Signed.....

August Cozart

Licensed Embalmer No. 4084

P. O. Address *Wilmington, 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.