

14496

S. No. 2  
-11-10-39  
v. 5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 21 1942

Registration District No. 390

Primary Registration District No. 5546

Registrar's No. 31

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

**1. PLACE OF DEATH:**

(a) County Iron

(b) City or town Rural - Arcadia Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Home for aged Baptists, Jeonton, Mo  
(If not by hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 7 mos. & days  
(Specify whether years, months or days)

In this community 4 years - 7 mos. & 2 days

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**8. (a) PRINT FULL NAME** Mary Evaline Luck

**8. (b) If veteran,** name war ✓

**3. (c) Social Security No.** none

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**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** August 11, 1894  
(Month) (Day) (Year)

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8. AGE:	Years	Months	Days	If less than one day
	<u>97</u>	<u>8</u>	<u>27</u>	hr. _____ min.

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**9. Birthplace** Knobville, Tennessee  
(City, town, or county) (State or foreign country)

**10. Usual occupation** House work

**11. Industry or business** Home

**MOTHER FATHER**

**12. Name** W. G. Luck

**13. Birthplace** Virginia State  
(City, town, or county) (State or foreign country)

**14. Maiden name** Susan G. McAlister

**15. Birthplace** State of Virginia  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Geo. H. Perry

**(b) Address** Jeonton, Mo.

**17. (a) Burial** Burial **(b) Date thereof** 5-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Winfield Ave

**18. (a) Signature of funeral director** George White

**(b) Address** Jeonton, Mo.

**19. (a) 5-8-42** **(b) Virginia R. Miller**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Iron 47

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles east of Arcadia  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 8th  
year 1942 hour 65 minute A.M.

**21. I hereby certify that I attended the deceased from** May 1st  
1942, 19   to May 8th, 1942  
that I last saw he alive on May 7th, 1942  
and that death occurred on the date and hour stated above.

**Immediate cause of death** acute Bronchial pneumonia  
(terminal) 5/5/42

**Due to** complications of  
age

**Due to** senility

**Other conditions** fractured left leg  
(Include pregnancy within 3 months of death) (old)

**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? \_\_\_\_\_

**While at work?** \_\_\_\_\_ **(Specify type of place)** \_\_\_\_\_ **(c) Means of injury** fall

**23. Signature** R. E. Harland **(M. D. or other)** \_\_\_\_\_

**Address** 5/8/42 Jeonton, Mo. **Date signed** 5/8/42

RECEIVED

District Health Officer No. 4

District File Number 542-677

Date Filed 5-14-42

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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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Frederick, Md.

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.