S. No. 2
—11-10-39
7. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 170

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

41143
State File No.
Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wallace Memorial O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede
(c) City or town Richland Rout. O (If outside city or town limits write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? O years.

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3. (a) PRINT FULL NAME WILLIAM ROBERT LUCAS.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dec.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 24 (Day) 1854 (Year)

8. AGE: Years 87. Months 11 Days 2 If less than one day hr. min.

9. Birthplace Cedar Co (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Martin Lucas
13. Birthplace Glasco (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Mary Dunham
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Archie Lucas
(b) Address Richland Rout
17. (a) Burial, cremation, or removal Burial (b) Date thereof 1/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Stoutland Mo
18. (a) Signature of funeral director R B Jeffries
(b) Address Richland Mo.
19. (a) Dec 7-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Oct. 29 1942, to Nov. 26, 1942, that I last saw him alive on Nov. 26, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
B
Due to
Due to 99.2
Other conditions none (Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

Duration

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? (e) Means of injury

23. Signature J. P. Barnes (M. D. or other)
Address Lebanon, Mo. Date signed 1/7/42

1040 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 170

District File Number 12-42-181

Date Filed 1-11-43

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 R B Jeeper

Licensed Embalmer No. 3198

P. O. Address .....

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.