

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **278**

Primary Registration District No. **3054**

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana

(c) Name of hospital or institution: Pike Co Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether)

In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

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

(d) Street No. 5th Maryland (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucretia Luce

3. (b) If veteran, name war ✓ 3. (c) Social Security No. no

4. Sex Female 5. Color or race Black 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 about 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 90 hr. min.

9. Birthplace Louisiana Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation keeper

11. Industry or business None

12. Name Lewis Luce

13. Birthplace dent knew 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant ms. Sue Rudd

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof March 18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reverew Cem

18. (a) Signature of funeral director [Signature]

(b) Address Louisiana Mo

19. (a) 2/15/43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1943 hour 3 minute 15 PM

21. I hereby certify that I attended the deceased from March 1st 1943 to March 14 1943  
that I last saw her alive on March 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arterio sclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? [Signature] (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Louisiana Mo Date signed 3/15/43

Duration 2 days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

DEC 11 1948

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.....

*George O. Wagner*

Registered Apprentice No.....

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No. *3773*

P. O. Address *Louisiana Mo.*

RECEIVED

District Health Officer No. *10*

District File Number *4-43-725*

Date Filed *APR 13 1949*

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.