

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15168

State File No.

ED APR 27 1943 2944

Registrar's No. 71

Registration District No. Primary Registration District No. 3056

1. PLACE OF DEATH:

- (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution McCormick Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME

Doris Lucas3. (b) If veteran,
name war.....3. (c) Social Security
No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced m-1
 6. (b) Name of husband or wife Willie Lucas 6. (c) Age of husband or wife if
alive..... years
 7. Birth date of deceased Dec 25 - 1906
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 3 8 hr. min.9. Birthplace Randolph Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business.....

12. Name Wm Terrell
 13. Birthplace Mo (State or foreign country)
 14. Maiden name Rosa Hedrick
 15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Willie Lucas(b) Address R.R. Macon17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6-43
(Month) (Day) (Year)(c) Place: burial or cremation Woodlawn Cem18. (a) Signature of funeral director Albert S. Kinner(b) Address Macon 32019. (a) 4-6-43 (Date received local registrar) (b) Jama Hove (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Macon
 (c) City or town R.R. Macon
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1942 hour 7 minute 45 p. M.21. I hereby certify that I attended the deceased from
Mar 31, 1942, to Apr 3, 1943
that I last saw her alive on April 3, 1943
and that death occurred on the date and hour stated above.Immediate cause of death..... Duration
Obstruction of bowel. 4 ds.Due to Ruptured appendix. 6 ds.Due to.....
Other conditions 12/11
(Include pregnancy within 3 months of death)Major findings:
Of operations ruptured appendix
producing illness
Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (b) Means of injury.....

23. Signature F. L. McCormick (M. D. or other).....
Address Moberly Mo Date signed 4-3-43

10688

1056

APR 28 1943

RECEIVED

District Health Officer No: 10

District File Number 4-43-992

Date Filed APR 26 1943

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.