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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

JUL 6 1943 93  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5340

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Lockwood, Rural, Smith Twpsh  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community fifty years (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED: 29  
0  
0

(a) State Missouri (b) County Dade

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Albert Lucas

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Ma 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bitha E. Lucas 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 24, 1874  
(Month) (Day) (Year)

8. AGE: <u>69</u> Years	Months <u>3</u>	Days <u>28</u>	If less than one day hr. _____ min. _____
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9. Birthplace Camden Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Lucas

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Clarence Lucas,  
Lockwood, Mo.

(b) Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Pensboro, Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st, 1943  
year 1943 hour twelve minute 20 A. M.

21. I hereby certify that I attended the deceased from June 1-4  
1943, to June 23, 1943

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions H6F  
(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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Duration  
Physician  
Underline the cause to which death should be charged statistically.

23. Signature H. O. Cowan (M.D. or other)  
Address Greenfield Mo Date signed 6-23-43

1082 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 743-816

Date Filed Jul 1 1949

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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

*E. J. Caldwell*  
.....  
Licensed Embalmer No. 3380

P. O. Address Lockwood, 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.