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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21643

FILED JUL 12 1943

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 351

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

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2215 Empire Street 4 SMITH NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 979

(a) State Kansas (b) County 14

(c) City or town Baxter Springs 0
(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 2

**3. (a) PRINT FULL NAME** CHARLES EDGAR LUKE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Minnie Ann Ocker Luke

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 24, (Day) 1869 (Year)

8. AGE: Years 73 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Cambria County, (City, town, or county) Penn. (State or foreign country) 1

10. Usual occupation Miner

11. Industry or business

FATHER
12. Name J. C. Luke
13. Birthplace X (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Annie Elizabeth Thompson
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Claude McKee
(b) Address Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) 6-24-43 (Date received local registrar) (b) Gertrude Sudhoeltz (Registrar's signature)

1209

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 21
year 1943 hour 9:40 minute P. M.

21. I hereby certify that I attended the deceased from March 30, 1943, to June 21, 1943;
that I last saw him alive on June 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings:
Of operations

Of autopsy

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 0

23. Signature Ellsworth Woody M. D. or other MD
Address Joplin, Mo. Date signed 6-23-43

(Licensed Embalmer's Statement on Reverse Side)

43-6-840

**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 Ed Ellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

**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.**