No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22187

FILED JUN 17 1943

Registration District No. 2428

Primary Registration District No. 4413

Registrar's No.

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

2
0
0

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Frankford
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Frankford 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALFRED PARKER LUCAS

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Lucas
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov. (Month) 18 (Day) 1865 (Year)

8. AGE: Years 77 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Pike (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Samuel Parker Lucas
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Margaret Summers
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred Lucas
(b) Address Frankford, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Frankford, Mo.

18. (a) Signature of funeral director Fields and Son
(b) Address Frankford, Mo.

19. (a) May 20 '43 (Date received local registrar) (b) Mrs R.C. Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1943 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from May 14, 1943 to May 14, 1943; that I last saw him alive on May 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 83a

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 1

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 W. Snodgrass (M. D. ~~or other~~) 0
Address Frankford, Mo Date signed 5/16/43

1167

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-114
Date Filed JUN 14 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 Ione Fields Megoion

Licensed Embalmer No. 4093

P. O. Address Frankford Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.