

U.S. No. 2  
004-2-43  
Rev. 5-17-39  
2-1 X3387

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27388

State File No.

FILED AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3534

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 1 week (Specify whether  
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 210 Brush Creek Boulevard  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Charles Swan Lucas

3. (b) If veteran, name war No.

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 Evelyn B. Lucas

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 5 1882  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>7</u>	<u>10</u>	.....hr. ....min.

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

10. Usual occupation Accountant

11. Industry or business X

MOTHER FATHER

12. Name George S. Lucas

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

14. Maiden name Mary L. McCrary

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

16. (a) Informant George B. Lucas

(b) Address 1817 Brownell, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 8-16-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th  
year 1943 hour 9:29 minute 8.1 M.

21. I hereby certify that I attended the deceased from July 31 43  
..... 19..... to ..... 19.....  
that I last saw him alive on 8-14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration 10 days

Due to Cystic Kidneys

Due to Hypertension, Chronic

Due to Chronic Heart failure

Other conditions 1338?  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy Enlarged Cystic Kidneys

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?

While at work?..... (Specify type of place)

(b) Means of injury.....

23. Signature Frank B. Brown (M.D. or other) M.D.

Address 928 Park Ave Date signed 8-16-43

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

Dr. F. B. Leitz

9 24 1927

W. 3650

Leave at office

**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. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.**