S. No. 2
M—5-42
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30810

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3886

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 17 hrs. (Specify whether years, months or days) In this community 17 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Ottowa (b) County Franklin 999

(c) City or town Ottowa - Kansas 14 (If outside city or town limits, write "RURAL")

(d) Street No. 626 N. Locust 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Lucas, Kendall Eugene

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or Race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 3 (Day) 1943 (Year)

8. AGE: Years | Months | Days 6 | If less than one day hr. min.

9. Birthplace Ottawa (City, town, or county) Kans. 1 (State or foreign country)

10. Usual occupation Infant.

11. Industry or business

FATHER
12. Name Kendall B. Lucas
13. Birthplace Saint Joseph (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Francis Silly (O.K.)
15. Birthplace Garnett (City, town, or county) Kans. 1 (State or foreign country)

16. (a) Informant Kendall B. Lucas

(b) Address 626 N. Locust Ottawa, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Kans.

18. (a) Signature of funeral director McVay Funl. Home

(b) Address Ottawa Kans

19. (a) 9-9-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1943 hour 11 20 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 8, 1943, to Sept. 9, 1943 that I last saw him alive on Sept. 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem

Due to 1 Ruptured meningocoele at 4-5 lumbar vertebrae

Due to 2 Spinal meningitis (non epidemic)

3 Bronchopneumonia

4 Bilateral club feet

Other conditions (Include pregnancy within 3 months of death) Patent foramen ovale

6 Passive congestion

Major findings: Of operations 7 vicera

Of autopsy

Duration 157 h

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 John H. Gaskin M.D. (M. D. or other)

Address Mercy Child. Hosp. Date signed 9-7-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.