

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43399
Registrar's No. 5450

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 2
(d) Length of stay: In hospital or institution 12-15-43-12-16-43
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2015 Park
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ROY LUCAS
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 16
year 1943 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from December 15, 1943 to December 16, 1943

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased December 25, 1890

that I last saw him alive on December 16, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage

8. AGE: Years 52 Months 11 Days 21
If less than one day _____ hr. _____ min.

Due to 83w
Due to _____

9. Birthplace Plattsburg Mo.

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

10. Usual occupation Porter
11. Industry or business Altman Bldg.

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Milton Lucas
13. Birthplace Little Rock, Arkansas
14. Maiden name Olga
15. Birthplace Missouri

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Burial (b) Date thereof 12/21/43
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director [Signature]
(b) Address 1724 Lydia Street
19. (a) 12-21-43 (b) P. E. Brown

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Gen. Hosp. #2 - 600 E. 22 Date signed 12-20-43

MAR 2 2 1944

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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.....

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.