

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **Pettis**

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

(c) Name of hospital or institution:
808 W 6 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 Months** (Specify whether years, months or days)

In this community **6 Months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**

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

(d) Street No. **808 W 6**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Frederick William Lueking**

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 **widowed**

6. (b) Name of husband or wife **Anna Lueking**

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

7. Birth date of deceased **Dec. 1 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	26	hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business **Blacksmith**

12. Name **Frederick Lueking**

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

14. Maiden name **Whitemena Feldman**

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

16. (a) Informant **Mrs Carrington**

(b) Address **Kansas City Mo.**

17. (a) **burial** (b) Date thereof **Dec. 31 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **12-30-43** (b) **Mrs Anna Beyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28th** year **1943** hour **9** minute **17** M.

21. I hereby certify that I attended the deceased from **Dec. 24 1943** to **Dec. 28 1943** and that I last saw him alive **December 24 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombus** Sudden

Due to **Arterio-sclerosis** **Hypertension**

Other conditions: **None**
(Include pregnancy within 3 months of death)

Major findings: **no operation**

Of operations _____

Of autopsy **no autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No.**

(b) Date of occurrence _____

(c) Where did injury occur? **No injury**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No.**

While at work? **No.** (Specify type of place)

23. Signature **C. B. Fisher** (M. D. _____)

Address **Sedalia Mo.** Date signed **12/30/43**

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-7-44

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 Robert N Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.