

Registration District No. 180

Primary Registration District No. 5672

Registrar's No. ....

57  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Winfield Rural  
(c) Name of hospital or institution: Bur-Oak Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln  
(c) City or town Winfield Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME Almedia Ann Luckel

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

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

6. (b) Name of husband or wife James H Luckel 6. (c) Age of husband or wife if alive 14 years (Day) (Year)

7. Birth date of deceased Nov 14 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation Home duties

11. Industry or business

12. Name James Hines

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Della Willhoft

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

16. (a) Informant Henry Luckel

(b) Address Winfield Mo.

17. (a) Burial (b) Date thereof Jan 17 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware Winfield Mo.

18. (a) Signature of funeral director Wentzels  
(b) Address Mo.

19. (a) 1-17-44 (b) Mr Susan Weiser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15  
year 1944 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from 5/10, 1943, to 1-15, 1944, that I last saw her alive on 8-11, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to -

Due to -

Other conditions (include pregnancy within 3 months of death) 46 lb

Major findings: Of operations -

Of autopsy -

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) (e) Means of injury 0

23. Signature H. Hines (M. D. or other) MD  
Address Redmond Mo Date signed 1-16-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *R. E. Petman*

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.**