

No. 2
4-13-40
5-17-39
X23159

14002

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 19 1944

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 61

1. PLACE OF DEATH

(a) County Anderson Co Hospital
(b) City or town Mexico Mo
(c) Name of hospital or institution: Anderson Co Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 2 hrs
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Mexico, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 723 N. Jefferson St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? None years.

3. (a) PRINT FULL NAME Linda Kay Luckaman

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased. 4 - 19 - 44
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hrs min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name, Ralph Luckaman
13. Birthplace Water-Giboules Kansas (City, town, or county) (State or foreign country)
14. Maiden name Paula Ruth Piper
15. Birthplace Mexico Mo (City, town, or county) (State or foreign country)

16. (a) Informant Paul Travis Piper
(b) Address Mexico Mo

17. (a) Burial (b) Date thereof, 7 19 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Corl

(b) Address Mexico, Mo.

19. (a) April 19 - 44 (b) Margaret Macke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 19
year 1944, hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from birth -
11 am - 1944, to 1 PM 1944
that I last saw h - alive on 11 am 1944
and that death occurred on the date and hour stated above.

Immediate cause of death 3 1/2 months baby

Due to no known cause

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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 _____

23. Signature Paul E. Corl (M. D. or other) _____
Address Mexico Mo Date signed 4-19-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1
2

1024

RECEIVED

Health Officer No. 10

5-44-984

MAY 12 1944

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 not

....., Registered Apprentice No.
working under my personal supervision.

Signed Tail E. Puello

Licensed Embalmer No. 3180

P. O. Address Mexico, 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.