No. 2
2-43
17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED MAY 4 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16030

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 70

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Twp. Rural.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hosp. No. 3 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 days. (Specify whether
In this community Same time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 108
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Olive St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Julia Luckett
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Feb. 28 - 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	9	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
MOTHER FATHER
12. Name Joseph Kennedy
13. Birthplace Bladensburg Maryland (City, town, or county) (State or foreign country)
14. Maiden name Sarah Wheng.
15. Birthplace Prince William Co. Va. (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 8 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill K.C., Mo
18. (a) Signature of funeral director Mrs. E. L. Porter
(b) Address 918 Brooklyn, Kansas City, Mo.
19. (a) 4-7-44 (Date received local registrar) (b) Hazel B. Belrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1944 hour 8 50 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 15, 1944 to Apr. 6th, 1944 that I last saw her alive on Apr. 6, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to
Other conditions Senile Psychosis. (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 93d

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
23. Signature R. B. Lester (M. D. ~~osteop.~~)
Address Nevada Mo. Date signed 4-6-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-44-55-0
Date Filed 5-3-44

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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.