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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18508

State File No.

Registration District No. 148

Primary Registration District No. 4281

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lewis 56

(b) City or town Canton ~~Canton~~ 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Most of life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Canton 1
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME KATE B. LUCAS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Berry T. Lucas

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

7. Birth date of deceased Jan. (Month) 10 (Day) 1859 (Year)

8. AGE: Years 85 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Adel (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Retired housewife

11. Industry or business

FATHER
12. Name Maxmilian Jameson
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Sarah Murphy
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs Neva Shanks
(b) Address Canton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, '44 (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Carl H. Barkley
(b) Address Canton, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from May 29, 1944, to May 30, 1944
that I last saw her alive on May 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature P. W. Jennings (M. D. ~~or other~~)
Address Canton, Mo. Date signed 6/1/44

987

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl H Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.

No. 2B
-5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 5-0

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Canton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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

3. (a) PRINT FULL NAME Kate B. Lucas

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 W

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Jan 10 1874 (Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 25 If less than one day: ..... hrs. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER
12. Name Maximilian Jameson
13. Birthplace ..... (City, town, or county) Ky (State or foreign country)
14. Maiden name Sarah Murphy
15. Birthplace ..... (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs Nera Shanks
(b) Address Canton, Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 6-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Canton Mo

18. (a) Signature of funeral director E. H. Barkley
(b) Address Canton Mo

19. (a) 6-1-44 (Date received local registrar) (b) P. W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 10 year 1944 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

18508