

FILED NOV 13 1944
Registration District No. 1045

Primary Registration District No. 3127

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jasper West City
(b) City or town West City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 423 N. Webb
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town West City
(If outside city or town limits, write "RURAL")
(d) Street No. 423 N. Webb
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Clem Nolan Luck

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 Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 22 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Miss Edna Lawrence

(b) Address Joplin, Mo

17. (a) Burial (b) Date thereof Oct 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director West City Und Co

(b) Address West City, Mo

19. (a) Oct 10 1944 (b) Mrs. Willie Eagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1944 hour 3 30 minute 00 M.

21. I hereby certify that I attended the deceased from October 8 1944, to October 8 1944 that I last saw him alive on October 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to 94a

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

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 P. B. Munson (M. D. or other) P. O. O.

Address Webb City, Mo Date signed 10-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
26

44-11-888

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

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Wells City 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.