V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12310
Registrar's No. 1906

Registration District No. 799 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3403 Chestnut
(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: 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3403 Chestnut
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Wilbur J. Lucas
3. (b) If veteran, name war: No
3. (c) Social Security No. 703-03-8662
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Myrtle E. Lucas
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: 1 (Month) 10 (Day) 1875 (Year)
8. AGE: Years 70 Months 3 Days 18 If less than one day hr. min.
9. Birthplace (City, town, or county): Kansas (State or foreign country)
10. Usual occupation: Locomotive Engineer
11. Industry or business: K.C. Terminal Company
FATHER
12. Name: John Lucas
13. Birthplace (City, town, or county): Canada (State or foreign country)
MOTHER
14. Maiden name: Cynthia Sorter
15. Birthplace (City, town, or county): New York (State or foreign country)
16. (a) Informant: Mrs. Myrtle E. Lucas
(b) Address: 3403 Chestnut
17. (a) Burial 45 (Burial, cremation, or removal) (b) Date thereof: 5-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood
18. (a) Signature of funeral director: Mrs. C.L. Forster
(b) Address: Kansas City Mo.
19. (a) 4-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28 year 1945 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 20, 1944, to Apr 28, 1945; that I last saw alive on Apr 27, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilitation
Due to: Chronic Myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 93 d
Of autopsy: No

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

23. Signature: James J. Ferguson (M. D. or other) MD
Address: 410 Bryant Date signed: 4/28/45

(Licensed Embalmer's Statement on Reverse Side)

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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

K.C. 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.