S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19246

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20373

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2696

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: 3329 Wayne /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3329 Wayne 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. JESSIE B. LUCAS

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe /

5. Color or race Wh

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

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

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

7. Birth date of deceased July (Month) 10 (Day) 1875 (Year)

8. AGE: Years 70 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Simon M. Barnt
13. Birthplace (City, town, or county) Pa. / (State or foreign country)

MOTHER
14. Maiden name Adelaide A. Smith
15. Birthplace (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mrs. Walter Sullivan
(b) Address Eldorado Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 6-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1946 hour 2: minute 45 P M.

21. I hereby certify that I attended the deceased from
MAY 29, 1946 to JUNE 17, 1946
that I last saw her alive on JUNE 17, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION	1 DAY
Due to	
Due to PROBABLE G.I. MALIGNANCY	YRS.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy 0 46 2

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 G C Lunigan (M. D. or other) MD
Address 6944 Prospect KCMo Date signed June 18 '46

(Licensed Embalmer's Statement on Reverse Side)

6944 Prospect
JA 4793

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas 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.