S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23699

FILED AUG 14 1946

Registration District No. 99 Primary Registration District No. 1002

Registrar's No. 3283

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan. City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospt.
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 7 days. (Specify whether
In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles N.W. Town
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wilbur Eugene Luther
3. (b) If veteran, name war World war #2
3. (c) Social Security No. 513-18-6769
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 6th 1923 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
22	9	23	hr. min.

9. Birthplace DeSoto (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Albert Luther
13. Birthplace Maywood (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Minnie Radloff
15. Birthplace Bashor (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Albert Luther
(b) Address R.F.D. Bonner Springs Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31/46 (Month) (Day) (Year)
(c) Place: burial or cremation Bonner Springs
18. (a) Signature of funeral director D. Simmons
(b) Address KCK
19. (a) 7-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 46 hour 5 A.M. minute M.
21. I hereby certify that I attended the deceased from July 23, 1946 to July 29, 1946; that I last saw him alive on July 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Non specific Meningitis pneumococcic
Due to Automobile accident.
Due to Fracture of cribiform plate of skull
Other conditions Car overturned non collision
(Include pregnancy within 3 months of death)
Major findings:
Of operations T.O.C. 2-8
Of autopsy 2-8

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) accident.
(b) Date of occurrence July 21, 1946
(c) Where did injury occur? Near Lawrence Kans. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury car
23. Signature Glen L. Bradbury (M. D. or other)
Address 220 Oak St. Bonner Springs Kans. Date signed 7-29-46

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 0 1946

SEP 6 1946

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 H Simmon

Licensed Embalmer No. 3903

P. O. Address KCK

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.