

No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27533

State File No. \_\_\_\_\_

FILED AUG 20 1946  
Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 5-6

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: 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 Life \_\_\_\_\_ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus  
(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 Isabelle Lucas

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife James S. Lucas

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

7. Birth date of deceased September 14 - 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Lafayette Graham

13. Birthplace Cedar Hill Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elyzabeth Helderbrand

15. Birthplace Cedar Hill Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Leuro Lucas

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 7-27-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Presbyterian Cem

18. (a) Signature of funeral director J. S. Dingard

(b) Address Festus Mo.

19. (a) July 27 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1946 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept 2  
1938, to July 24, 1946;  
that I last saw her alive on July 24, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma pancreas Duration 6 mos +

Due to \_\_\_\_\_

Due to 469

Other conditions arteriosclerosis 8 yrs +  
(Include pregnancy within 3 months of death)

Hypertensive heart disease 8 yrs +

Major findings: none PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 1

23. Signature John F. Rutledge (M. D. or other) MD

Address Crystal City Date signed 7-26-46

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

MOTHER FATHER

142

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 9,  
District File Number 8-46-172  
Date Filed 8-17-46

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 [Signature]  
Licensed Embalmer No. 3010  
P. O. Address [Signature]

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.