

FILED AUG 20 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 349

Primary Registration District No. 4513

Registrar's No. 13

1. PLACE OF DEATH:

(a) County SULLIVAN
(b) City or town Green Castle MO
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105
(c) City or town Green Castle (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of ~~foreign~~ country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1946 hour 11 minute 47 M.
21. I hereby certify that I attended the deceased from July 30 1946, to July 31 1946
that I last saw him alive on July 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Acute Heart Collapse
Due to From heat and physical exhaustion
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 95
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 W. Lewis (M. D. or other)
Address Green Castle MO Date signed 8/26/46

3. (a) PRINT FULL NAME HARSH ELM. LUCAS
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 Widow
6. (b) Name of husband or wife Lillian Sweet Lucas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT 19 1861 (Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 12 If less than one day ✓ hr. ✓ min.

9. Birthplace Croton IA (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name John Lucas

13. Birthplace OHIO (City, town, or county) (State or foreign country)

14. Maiden name Sarah Phillips

15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant W. Lewis

(b) Address Green Castle

17. (a) Burial (b) Date thereof Aug 7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Cemetery

18. (a) Signature of funeral director Glenn E. Bent

(b) Address Green City MO

19. (a) 8-12-1946 (b) Wm. M. Shaw (Date received local registrar) (Registrar's signature)

319

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
5
28172

RECEIVED
District Health Officer No. 90
District File Number 8-46-1583
Date Filed -- AUG-1-6-1946

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 Archie Wade.....

Licensed Embalmer No. 3037.....

P. O. Address Green City.....

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.