

1. PLACE OF DEATH

(a) County DeSoto
(b) City or town DeSoto (Valley)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 512 N. 2nd St. 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 4 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50
(c) City or town 512 N. 2nd St. 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. DeSoto
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lester Marvin Lucas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 4 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John L. Lucas
13. Birthplace Washington Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Jean Martha Andrews
15. Birthplace Boon Mo (City, town, or county) (State or foreign country)

16. (a) Informant John L. Lucas
(b) Address 512 N. 2nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1946 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director J. P. Jurgels

(b) Address DeSoto Mo

19. (a) 9/14/46 (Date received local registrar) (b) Marie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Sept 4 1946 to Sept 4 1946 that I last saw him alive on Sept 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy 159

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? 1

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Jurgels (M. D. or other) DD

Address DeSoto Mo Date signed 9/5/46

Duration 6 mos

PHYSICIAN Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number 9-16-128
Date Filed 9-16-46

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.

Not Embalmed

Signed: *Ornell B. Gering*
Licensed Embalmer No. 4104
P. O. Address. *Delato, 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.