S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34132

Registration District No. 200

Primary Registration District No. 5725

Registrar's No.

1. PLACE OF DEATH:

(a) County: MACON

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

(c) Name of hospital or institution: STILL-HILDRETH OSTEOPATHIC SAN.O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 month 10 days (Specify whether years, months or days)

In this community: 1 month 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Schuyler

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Glenwood, Missouri
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM ALLEN LUCAS

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: Mary Adeline

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: August (Month) 15 (Day) 1867 (Year)

8. AGE: Years 79 Months 1/2 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: Schuyler (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

MOTHER FATHER

12. Name: Samuel J. Lucas

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

14. Maiden name: Mariah Unknown

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

16. (a) Informant: Mrs. William Lucas

(b) Address: Lancaster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 11 46 (Month) (Day) (Year)

(c) Place: burial or cremation: Glenwood I.O.O.F.

18. (a) Signature of funeral director: Lurell Fenton

(b) Address: Lancaster, Missouri

19. (a) 10-15-46 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER Day 8 year 1946 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from August 28, 1946, to October 8, 1946, that I last saw him alive on October 8, 1946, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: CEREBRAL HEMORRHAGE

Due to:

Due to:

Other conditions: SENILE DEMENTIA
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: 43A

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: Russell J. Lynch D.O. (M. D. or other)

Address: Still-Hildreth Macon Mo. Date signed 10/8/46

185 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1935
Date Filed OCT 23 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~~ Purcell Fenton, Registered Apprentice No. 3705, working under my personal supervision.

Signed Purcell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.