

FILED DEC 31 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5302

1. PLACE OF DEATH:

(a) County St. Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Family Lutheran
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/4 days
In this community 3 1/4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Osceola
(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 _____

3. (a) PRINT FULL NAME NANNIE C. LUCAS

3. (b) If veteran, name war No 3. (c) Social Security No. 70

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John H. Lucas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) 2 (Day) 4 (Year) 1852

8. AGE: Years 93 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Harrisonburg Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Cardwell
13. Birthplace Lickneawen
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Taylor
15. Birthplace Lickneawen
(City, town, or county) (State or foreign country)

16. (a) Informant Meddel Parker

(b) Address 229 Park Way N. Mo

17. (a) Burial (b) Date thereof 2-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Missouri

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Mo

19. (a) 12-18-46 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1946 hour 9:17 minute 4 M.

21. I hereby certify that I attended the deceased from Feb-7- 1946 Dec-18- 1946
that I last saw her alive on Dec-17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 1 day
Generalized Arterio-sclerosis 53+

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: g30
Of operations _____
Of autopsy _____

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 a farm, in industrial place, in public place? _____

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

23. Signature Theraldine Holmes (M. D. or other) _____
Address 106 W - 14th St. Osceola Mo Date signed Dec-18-46

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..... *J. B. Baalwick*

Licensed Embalmer No. *3038*

P. O. Address *Peaseville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.