

FILED MAR 10 1947

Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
Specify whether

In this community 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 318 E. Kansas Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Dennis Lucky

3. (b) If veteran, name war no

3. (c) Social Security No. 493-18-5961

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1947 hour 8 minute _____ A.M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mildred

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased May 4, 1922
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Summer 1946 to Feb 9 1947
that I last saw him alive on Feb 8 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 24 Months 9 Days 5
If less than one day hr. _____ min. _____

Immediate cause of death: Myocardial and Aortic Valvular Insufficiency
Due to Rheumatic heart disease

Due to _____

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

Other conditions: Hypertensive cardio-vascular-renal disease
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

11. Industry or business Armour & Company

Major findings: _____
Of operations: _____
Of autopsy: _____

12. Name Benjamin Francis Lucky

13. Birthplace Du Bois, Nebr
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Vera E. Kelly

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

16. (a) Informant Mrs Mildred Lucky

(b) Address 318 E. Kansas, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 2-28-47 (b) K. B. Jenkins
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Tom Redmond (M. D. or other) M.D.
Address 503 Conroy Bldg, St. Joseph, Mo. Date signed 2/14/47

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

Victor Barry

Licensed Embalmer No. *4212*

P. O. Address *St. Joseph 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.