

U.S. No. 2
OM-5-43
REV. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18432**
Registrar's No. **127**

Registration District No. **294** Primary Registration District No. **3056**

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Proberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Woodland Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **thirty minutes** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Saline** **97**
(c) City or town **Sweet Springs** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **none** **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ANDREW NICHOLAS LUCAS**
(b) If veteran, name war **none**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **5/28** day _____
year **1947** hour **4** minute **03 P.M.**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **wife Jessie Belle Lucas**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **June - 17 - 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5/27/47** 19____ to **5/28/47** 19____
that I last saw him alive on **5/28/47** 19____
and that death occurred on the date and hour stated above.

8. AGE: Years **64** Months **11** Days **11**
If less than one day _____ hr _____ min.

Immediate cause of death **Heart**
Hemorrhage
Due to **acc**
Due to _____

9. Birthplace **Paola Kansas**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **Merchant**
11. Industry or business _____
12. Name **not known** **9**

PHYSICIAN
Underline the cause to which death should be charged statistically.
1/17A

13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Harlan Lucas**
(b) Address **Proberly Mo.**
17. (a) **Burial** (burial, cremation, or removal) (b) Date thereof **May-31-47**
(Month) (Day) (Year)
(c) Place: burial or cremation **Kansas City Mo.**

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? _____

18. (a) Signature of funeral director **How Funeral Home**
(b) Address **Proberly Missouri**
19. (a) **May 29 - 47** (Date received local registrar)
(b) **Deah Williams Lucas** (Registrar's signature) **510**

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Clas R Parous** (M. D. or other) **M.D.**
Address **Sweet Springs Mo.** Date signed **5/28/47**

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

3

1961 JUN 2 7 00

RECEIVED
District Health Officer No. 10
District File Number 6-47-924
Date Filed JUN - 2 - 1947

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 R. M. Carter

Licensed Embalmer No. 4-11-7

P. O. Address Proberly 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.