

No. 2
-12-45
-17-39
X47070

State File No.

FILED SEP 22 1947

Registration District No. 60

Primary Registration District No. 5592

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
Nematite R#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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson ⁵⁰

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Nematite R#1 ⁰
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucy Jane Lucas

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 1947 hour 10:30 minute 27 A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Leaves R. Lucas

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

7. Birth date of deceased May 1 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 30, 1947 to Aug 11, 1947
that I last saw her alive on August 7, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>10</u>	hr. min.

Immediate cause of death Chronic Myocarditis ^{Unknown}

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

Due to.....

Due to.....

10. Usual occupation House work

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Same

MOTHER FATHER { 12. Name Sylvia Davis ⁰

13. Birthplace Cedar Hill Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Janna Pruett

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

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Ms Ethel Simpson

(b) Address Crystal City, Mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

17. (a) 10:30 (b) Date thereof 8/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Link Funeral Home

(b) Address Status, Mo.

19. (a) Aug 15 1947 (b) Oliver Bellville
(Date received local registrar) (Registrar's signature) 1112

23. Signature J. J. G... .. (M.D. or other) ⁰

Address Crystal City, Mo. Date signed 8/12/47

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed ~~SEP 18 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.....
Eleana Province

Licensed Embalmer No. *2403*

P. O. Address.....
Leicester Mass

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.