

S. No. 2
1-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36859**
Registrar's No. **135**

Registration District No. **360** Primary Registration District No. **3026**

1. PLACE OF DEATH:
(a) County **Vernon**
(b) City or town **Nevada**
(c) Name of hospital or institution: **St. Nevada Hospital**
(d) Length of stay: In hospital or institution **8 years**
In this community **8 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Vernon**
(c) City or town **Nevada - rural**
(d) Street No. **R.F.D. #1**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Lucian James Cartwright**
3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**
4. Sex **mo** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **August 10 1939**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **17** year **1947** hour **5** minute **30 P.**
21. I hereby certify that I attended the deceased from **Oct. 17 1947** to **Oct. 17 1947** that I last saw him alive on **arrival Hosp. 10-17-47** and that death occurred on the date and hour stated above.
Immediate cause of death **Fracture, compound comminuted skull, severe. Instant death**

8. AGE: Years **8** Months **2** Days **7** If less than one day **hr. min.**
9. Birthplace **Nevada Mo. 6**
10. Usual occupation **Student**

Due to **Hit by a truck on U.S. highway 71 mi. N. Nevada, Mo. about 5 p.m.**
Due to **October 17, 1947**
Other conditions: **None**
Major findings: **None**
Of autopsy: **None**

MOTHER FATHER
12. Name **Lucian James Cartwright**
13. Birthplace **Nevada Mo. 6**
14. Maiden name **Ella Lawrence**
15. Birthplace **Nevada Mo. 6**
16. (a) Informant **L.J. Cartwright**
(b) Address **Nevada, Mo. R.F.D. #1**
17. (a) **Burial** (b) Date thereof **Oct 19 1947**
(c) Place: burial or cremation **St. Nevada Hospital**
18. (a) Signature of funeral director **Harry Fairman**
(b) Address **Nevada Mo.**
19. (a) **10-24-47** (b) **Nathaniel Jancy**

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) **Accident**
(b) Date of occurrence **Oct. 17, 1947**
(c) Where did injury occur? **U.S. highway 71 4 mi. N. Nevada, Mo.**
(d) Did injury occur in or about home, on farm, in industrial place?
U.S. highway 71 4 mi. N. Nevada, Mo.
While at work? **no** (e) Means of injury **hit by truck**
23. Signature **Robert L. Gray** (M. D. or other) **-**
Address **Nevada, Mo.** Date signed **10-22-47**

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

RECEIVED
DISTRICT HEALTH OFFICER NO. 2
DISTRICT FILE NUMBER 9-47-1238
Date Filed 10-27-49

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed L. B. Fenz

Licensed Embalmer No. 9760

P. O. Address Keosauqua, 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.