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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 35854  
State File No. \_\_\_\_\_  
Registrar's No. 142

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
403 N. Main 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 60 yrs. years, months or days)

3. (a) PRINT FULL NAME Carrie Lucas

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

4. Sex Female 5. Color or race white 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 April 6, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 6 24 hr. min.

9. Birthplace Creston Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Henry Wilson

13. Birthplace Frederonia N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Logan

15. Birthplace Frederonia N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Inez Lapp

(b) Address Bloomfield, Mo

17. (a) Burial (b) Date thereof Nov 18/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cemetery

18. (a) Signature of funeral director Carl King

(b) Address Nevada, Mo

19. (a) 11-6-47 (b) Kathryn Yancy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 403 N. Main  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
year 1947 hour 4 minute 30 AM

21. I hereby certify that I attended the deceased from Oct. 12, 1947 to Oct. 30, 1947  
that I last saw her alive on Oct. 29, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure (myocardial)  
Due to Exhaustion

Due to Age

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature Carl King (M. D. or other) \_\_\_\_\_

Address Nevada, Mo Date signed 11-1-47

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

MOTHER FATHER

**RECEIVED**  
District Health Officer No. 71  
10-47-1792  
District File Number  
11-10-47  
Date Filed

**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 Mark Eichinger  
Licensed Embalmer No. 2156  
P. O. Address Nevada, 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.**