No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40949

Primary Registration District No. 1000

Registrar's No. 1542

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: Mo. Methodist Hosp.
(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 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2419 Lafayette 7
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amanda Belle Lucas

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lafa W. Lucas

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

7. Birth date of deceased February (Month) 26 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation At home

11. Industry or business At home

FATHER
12. Name Mike Humm 1
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Angelina Overlander
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Corban W. Lucas 1
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Kansas.

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 1-2-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from August, 1947 to Dec 26, 1947
that I last saw her alive on Dec 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis Cerebral	3 wks.
Due to: Art Sclerosis Gen	
Due to	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy 61

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Dr D Anson (M. D. or other) M.D.
Address St Joseph Mo Date signed 12-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, 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.