

FILED MAR 23 1948

3015

Registration District No.

Primary Registration District No.

Registrar's No.

95

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 53rd St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 50 yrs years, months or days)

3. (a) PRINT FULL NAME

Abram Lucas

3. (b) If veteran, name war 1

3. (c) Social Security No. No

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Armenta Lucas

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan 6 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 3 If less than one day hr. min.

9. Birthplace No record (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Custodian Cameron Public Schools

11. Industry or business Day Laborer

12. Name Thomas Lucas

13. Birthplace No record (City, town, or county) 9 (State or foreign country)

14. Maiden name Charlata Bowman

15. Birthplace Charlata No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Abram Lucas

(b) Address Cameron

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-12-48
(Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem

18. (a) Signature of funeral director Robert H. H. H.

(b) Address Cameron

19. (a) 3-11-48 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clinton 25
(c) City or town Cameron (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1948 hour 6:30 minute PM

21. I hereby certify that I attended the deceased from Jan 1946 to Mar 9 1948
that I last saw him alive on 29 Feb 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease

Due to Arteriosclerosis Generalized

Other conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings PT. paraplegia 1945
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?

While at work

(Specify type of place) (c) Means of injury

23. Signature Har. Kimes (D. or other)
Address Cameron, Mo. Date signed 3-9-48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

George D. Kammell

Licensed Embalmer No.

4425

P. O. Address

*304 1/2 West 3rd
Cameron, 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.