

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

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

FILED MAR 30 1948

Registration District No. **260**

Primary Registration District No. **4393**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Osage**
(b) City or town **Westphalia Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Osage** **76**
(c) City or town **Westphalia Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John H. Luckenhoff**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, divorced, **Widowed**

6. (b) Name of husband or wife **Thressa Sandbothe** 6. (c) Age of husband or wife if alive **dead** years

7. Birth date of deceased **March 25 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	11	24	hr. min.

9. Birthplace **Westphalia Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Rt Carpenter**

11. Industry or business _____

12. Name **Luckenhoff**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara Zeilman**

15. Birthplace **Richfountain Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Joe Reichart**

(b) Address **Westphalia Mo**

17. (a) **Burial** (b) Date thereof **3-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Westphalia Mo**

18. (a) Signature of funeral director **Clyde Morton**

(b) Address **Vann Mo**

19. (a) **3-22-48** (b) **Mrs H. Moore**
(Date received local registrar) (Registrar's signature) **22**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **19**
year **1948** hour **3** minute **35p** M.

21. I hereby certify that I attended the deceased from **Sept 16**, 19 **46** to **March 19**, 19 **48**
that I last saw him alive on **March 19**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia	3 days
Chronic Myocarditis	2 years
Arteriosclerosis	5 years

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: _____

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 **0**

23. Signature **D. L. Gilman** (M. D. or other)
Address **Jefferson City, Mo** Date signed **3/22/48**

RECEIVED
District Health Officer No. 9,
District File Number MAR 29 1948
Date Filed _____

Mr. Vernon M. Morton
608

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 Vernon M. Morton
Licensed Embalmer No. 4125
P. O. Address Linn

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.