

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 113484
Registrar's No. 13

Registration District No. 243 Primary Registration District No. 5833

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

1. PLACE OF DEATH:
County Newton
City or town Newtonia
Name of hospital or institution: None
Length of stay: In hospital or institution 0 (Specify whether 0)
In this community 0 (Specify whether 0)

3. (a) PRINT FULL NAME Florence Savannah Lucas
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank Lucas 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased September 2 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 4 8 hr. min.

9. Birthplace Barry Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

12. Name Charles Lee
13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Daugherty
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant T. G. Siler

(b) Address Newtonia, Mo.

17. (a) Burial (b) Date thereof 1-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wanda Cem.

18. (a) Signature of funeral director W. Morris Payne
(b) Address Wheaton, Mo.

19. (a) 4-27-1948 (b) Alpha Decker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Newtonia Mo.
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
 Citizen of foreign country? (Yes or No) 0
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1948 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from Dec 19th
1947, to Jan 10th 1948
that I last saw her alive on Dec 10th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Due to unknown
Due to —

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none HBP

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) (2) Means of injury —
While at work? —
23. Signature Melvin C. Bowman (M. D. or other) MD
Address Hessco, Mo Date signed 1-23-48

RECEIVED

District Health Officer No. Newton
District File Number 548-292
Date Filed 5-3-48

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 Wm. Morris Payne
Licensed Embalmer No. 34474
P. O. Address Wheaton, 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.