No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 15597

Registrar's No. 152

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 214 E. 2nd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY 14

(c) City or town FULTON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 214 E. 2nd St. 2
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Charles A. Lukens

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife MARAGRET MEANS

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

7. Birth date of deceased JAN (Month) 24 (Day) 1871 (Year)

8. AGE: Years 77 Months 3 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace CALLAWAY Co (City, town, or county) MO. (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business MACHINIST

FATHER
12. Name SAMUEL LUKENS
13. Birthplace (City, town, or county) PENN (State or foreign country)

MOTHER
14. Maiden name MARY SHERMER
15. Birthplace (City, town, or county) PENN (State or foreign country)

16. (a) Informant MRS C. A. LUKENS

(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 18, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST FULTON

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court Fulton, Mo.

19. (a) May 18-1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 14, 1948, to May 16, 1948; that I last saw him alive on May 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Failure	1 day
Due to Mesenteric Thrombosis	3 days
Due to Gangrene Small Intestines & Mesentary	2 days
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? — — — (Specify type of place)

While at work? — — — (e) Means of injury — — —

Signature Lloyd E. Hutchins (M. D. or other) D.O.

Address Fulton, Mo. Date signed 5/17/1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 25 1948

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 Theodore Skinner, Jr., Registered Apprentice No. 55, working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.