

No. 300
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FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED MAY 22 1948

MISSOURI ILLUSTRATION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16427

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1989

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME Edward Luckow

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Luckow

6. (c) Age of husband or wife if alive 21 years 1864

7. Birth date of deceased Oct (Month) 21 (Day) 1864 (Year)

8. AGE: Years 83 Months 9 Days 18

If less than one day _____ hr. _____ min.

9. Birthplace Write Ill (City, town or county) _____ (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name No Record #

13. Birthplace Personant (City, town or county) _____ (State or foreign country)

14. Maiden name No Record #

15. Birthplace Personant (City, town or county) _____ (State or foreign country)

16. (a) Informant Carl Luckow

(b) Address 3511 Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Quinn + Quinn

(b) Address 7 E Mo

19. (a) 5-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 318 W. 9 St. 8
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 21 May 1, 1948 to May 9, 1948 that I last saw him alive on May 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
Terminal bronchopneumonia

Due to _____

Due to _____

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

Major findings: 93d

Of operations _____

Of autopsy See above

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) (e) Means of injury 0

23. Signature Wm W. Hart (M. D. or other) Med

Address Med. Dir. Gen'l Hosp. Date signed 5-10-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Powell

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 *Howard W. Farmer*

Licensed Embalmer No. *4134*

P. O. Address *76 E. 9th*

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.