

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 16771

FILED MAY 27 1948

Registration District No. 180

Primary Registration District No. 3029

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town Crystal City  
 (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 55 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME George T. Lucas  
 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 Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_  
 7. Birth date of deceased April 5, 1888  
 (Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Rush Tower, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired laborer

11. Industry or business \_\_\_\_\_

12. Name George Lucas

13. Birthplace Waterloo, Illinois  
 (City, town, or county) (State or foreign country)

14. Maiden name Bulah Lynch

15. Birthplace Waterloo, Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara E. Tucker

(b) Address Crystal City, Mo.

17. (a) Buried (b) Date thereof May 16, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Paul R. Polite

(b) Address Crystal City, Mo.

19. (a) May 22, 1948 (b) Charles Bellville  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
 (c) City or town Crystal City 50  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 214 Walnut  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
 year 1948 hour 11 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from May 11, 1948  
 to May 11, 1948  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9/30  
 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 \_\_\_\_\_

23. Signature Bo Bolger (M. D. or other) MD  
 Address Festus, Mo. Date signed 5/22/48

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

MOTHER FATHER

Date Filed MAY 26 1948  
District File Number

District Health Officer No. 9  
**RECEIVED**

**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 John R. Polite  
Licensed Embalmer No. 3481  
P. O. Address Crystal City, N.C.

**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.**