

108-2

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3026 Registrar's No. 46

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u> | |
| c. LENGTH OF STAY (In this place) <u>never</u> | | d. STREET ADDRESS (If rural, give location) <u>415 W. Hickory Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home - 415 W. Hickory St</u> | | | |

| | | | | |
|--|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) <u>John Thomas Lucas</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1949</u> |
|--|------------|-------------|-----------|---|

| | | | | | | | | |
|-----------------------|----------------------------------|--|--|--|--|---------------------------------------|-------------------------------------|------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>April 21 1868</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>10</u> | IF UNDER 12 HRS. Days <u>15</u> | IF UNDER 1 MIN. Hours <u></u> | IF UNDER 1 MIN. Min. <u></u> |
|-----------------------|----------------------------------|--|--|--|--|---------------------------------------|-------------------------------------|------------------------------------|

| | | | |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Peace officer (Retired)</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (State or foreign country) <u>Near Lawrenceburg, Ky.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|--|---|

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>George Lucas</u> | 13b. MOTHER'S MAIDEN NAME <u>Etta unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Mollie Campbell Lucas</u> |
|---|--|---|

| | | | |
|---|--|--|--------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles Lucas, E. Nevada St.</u> | ADDRESS <u></u> |
|---|--|--|--------------------|

| | | | | |
|---|--|--------|----------------------------------|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> | | | ? |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>4200</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Eudarteries obliterated both feet</u> | | 1 year | | |

| | | |
|---------------------------------------|--|---|
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>—</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------------|--|---|

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u> |
|---|--|---|

| | | |
|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>—</u> |
|--|--|--|

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Mar 8, 1949, that I last saw the deceased alive on Mar 5, 1949, and that death occurred at 6A m., from the causes and on the date stated above.

| | | |
|--|----------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>F. L. Martin M.D.</u> | 23b. ADDRESS <u>Nevada Mo</u> | 23c. DATE SIGNED <u>3-19-49</u> |
|--|----------------------------------|------------------------------------|

| | | | |
|--|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar 10 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park Nevada, Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u> |
|--|---------------------------------|---|---|

| | | | | |
|---|--|-----|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>Mar. 19 - 49</u> | REGISTRAR'S SIGNATURE <u>Kathryn H. Hancock</u> | 331 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen J. Hays</u> | ADDRESS <u>Nevada, Mo.</u> |
|---|--|-----|--|-------------------------------|

RECEIVED

District Health Officer No. 7

District File Number 2-49-29

Date Filed 3-29-49

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, M.

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.