

L. O. Nelson

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19276
Do not use this space.

REC'D JUN 13 1938

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 5-89

(b) Township Beart Creek Primary Registration District No. 4347

(c) City Jonesburg (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles B. Luckie

(a) Residence, No. Jonesburg, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effa Mason Luckie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY,hrs. ormin.
	<u>71</u>	<u>1</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Seaman

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo.

FATHER

13. NAME John R. Luckie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Elyzabeth Northcutt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Chas Luckie Jonesburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edenwood DATE June 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) H. A. Pugh & Son Mexico, Mo.

20. FILED June 8, 1938 Mary Lou Palmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 8 - 1938

22. I HEREBY CERTIFY That I attended deceased from Mo., 1938 to June 8, 1938

I last saw him alive on June 4, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 6-8-38

Chronic myocarditis ?

Other contributory causes of importance:

Arteriosclerosis ?

Arteriosclerosis nephritis ?

Chronic ?

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholesterol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____ (Signed) James O. Nelson, M. D.

(Address) New Florence, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Earl E. Prichard, Licensed Embalmer No. 3189
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Prichard
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Earl E. Prichard
Mexico Mo.

Licensed Embalmer No. 3189

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.)