

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

Do not use this space.

8956

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 1-128  
 Township Kaw Primary Registration District No. 1007 Registered No. 1-128  
 City Kansas City (No. Project Montano) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Genhard Lunde

(a) Residence No. North East Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>					
7. AGE <u>23</u>	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Student</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Mont.</u>					
PARENTS	10. NAME OF FATHER <u>Helge Lunde</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>				
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>				
14. INFORMANT <u>J. B. ...</u> (Address) <u>North East Hospt.</u>					
15. FILED <u>3/12, 1928</u> <u>M. M. ...</u> REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1928

17. I HEREBY CERTIFY, That I attended deceased from March 8 1928, to March 12 1928, and that I last saw him alive on March 12 1928, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia, lobar  
Bilateral  
100A 10/1A (duration) 4 yrs. mos. da.

CONTRIBUTORY Cont. cold  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Relatively physical finding  
Edward H. Tucker, M.D.  
3/13, 1928 (Address) 231 W. 12th St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Project Montano DATE OF BURIAL 3/13 1928

20. UNDERTAKER Taylor Funeral Home ADDRESS Enslide  
3/13

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.

Edna H. Thurman  
231 W. 10th St. S.D.