

REC'D MAY 9 1938

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

13554

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Ridge Primary Registration District No. 1002 Registered No. 1534
(c) City Lansing City (d) Street No. Trinity Lutheran Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Emmett Lundry 536

(a) Residence, No. Wenmore Hotel St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Opal Lundry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 18 - 1888</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>7</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Maintenance</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>R. C. Powers Agent</u>		
10. Date deceased last worked at this occupation (month and year) <u>4/21/38</u>		11. Total time (years) spent in this occupation <u>19</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankfort Kansas</u>		
13. NAME <u>Steve Lundry</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nova Scotia</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Opal Lundry Wenmore Hotel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>April 19, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>D. W. Newcomer Rm - 309 Base</u>		
20. FILED <u>Apr 9 1938</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to April 7, 1938.
I last saw him alive on April 17, 1938. Death is said to have occurred on the date stated above, at 10:40 AM.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia

Other contributory causes of importance:
108

Name of operation None Date of _____
What test confirmed diagnosis? Clinical X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. No

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Robert C. Swisher, M. D.
(Address) 838 Argyle Bldg

(Licensed Embalmer's Statement on Reverse Side)

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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Kryger

STATEMENT BY LICENSED EMBALMER

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

Signed Kell Carr
Licensed Embalmer No. 3976

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.)