

RECEIVED JAN 20 1939

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

43556
Do not use this space.

1. PLACE OF DEATH

(a) County Knox Co. 2 Registration District No. 1056
(b) Township Colonial Primary Registration District No. 5597
(c) City Colony 8 (d) Street No. _____ 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. 11 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

57 Annie Aloysius Lunk
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Alexander Lunk

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 7 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Farmington, Ia.

13. NAME Owen C. McCabe

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

15. MAIDEN NAME Anne C. Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalmyria, S

17. INFORMANT (ADDRESS) Miss Margaret Lunk Iowa Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Josephs Cem DATE Dec 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul Kriegshauser Collins Mo

20. FILED Jan 2 1939 Ella Shaughnessy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1938 to Dec 22 1938, 1938
I last saw him alive on Dec 22 1938 Death is said to have occurred on the date stated above, at 3:30 p m.
The principal cause of death and related causes of importance were as follows:

Organic heart lesion
Date of onset 9503

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
If so, specify _____ (Signed) Rial McKeenolds, M. D.
(Address) Knox City Mo

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

K. 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.

RECEIVED

District Health Officer No. 90

District File Number 10-38-899

Date Filed 1-10-39

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina Mo.

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, above space should be left blank.