

AUG 7 1939

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

27083
Do not use this space.

1. PLACE OF DEATH

(a) County Winn Registration District No. 875
(b) Township 3 Primary Registration District No. 3039 Registered No. 160
(c) City Nevada (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wm A. Lunsford
(a) Residence, No. City Hospital Nevada, Mo Kansas City, Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Inez M. Lunsford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 2 26
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Health Dept
9. Industry or business in which work was done, as saw mill, bank, etc. Physician
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian Territory

FATHER 13. NAME T. B. Lunsford

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ralph Williams
Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE July 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ways Funeral Service
Nevada, Mo.

20. FILED 7-4 1939 Allen E. Kaye
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1939
22. I HEREBY CERTIFY That I attended deceased from July - 3 - 1939, to July - 4 - 1939
Last seen alive on July 3 1939 Death is said to have occurred on the date stated above, at 2:35 a.m.
The principal cause of death and related causes of importance were as follows:

Auto mobile Accident
Compensated fracture of right thigh, of tensive scalp laceration - with brain injury
Date of onset _____

Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 7-3, 1939
Where did injury occur? Nevada, Winn Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto mobile wreck
Nature of injury Compensated fracture of thigh, Brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. B. Dadd, M. D.
Address Nevada, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly translated

RECEIVED

District Health Officer No. 7;

District File Number 7-39-1111

Date Filed 8-3-29

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.....

personally....., Registered Apprentice No.
working under my personal supervision

Signed Allen D. Hayes

Licensed Embalmer No. 1928

P. O. Address Allen D. Hayes

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH

(a) County Vermon Registration District No. 875
 (b) Township Primary Registration District No. 3034 Registered No. 160
 (c) City Nevada (d) Street No. City Hosp 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) Has long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Frederick Linsford
 (a) Residence, No. St. Kansas City, Mo.
 (Usual place of abode, if no street address, write county or city) (If not resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m -
 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1919

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

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 2 26

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

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Automobile accident - Date of onset
Car struck bridge
Minister.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
From newspaper reports -

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..

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), M. D.

(Address)

Local Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH

1939

S-200000