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

REC'D OCT 12 1939

31881
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan
Registration District No. 1001
(b) Township
Primary Registration District No.
Registered No. 922
(c) City St Joseph
(d) Street No. St Hospital #2 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 1 yrs. 2 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Lund
(a) Residence, No. State Hospital #2 St. Maryville Mo.
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wide
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no information
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862
7. AGE YEARS 77 MONTHS 2 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. painter
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) Mo.

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

no information

17. INFORMANT (ADDRESS) Albert Lund, Shenandoah Ia.
18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville Mo DATE Sept 10, 1939
19. FUNERAL DIRECTOR (NAME) Price Funeral Home (ADDRESS) Maryville Mo
20. FILED Sept 7 1939 H J Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938, to Sept. 7, 1939
I last saw him alive on " 7, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	7
107	
Other contributory causes of importance: Acute broncho pneumonia	1 wk

Name of operation none Date of
What test confirmed diagnosis? clinical 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) T. L. O'Dell, M. D.
(Address) St Jos.

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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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 John W. Price.

Licensed Embalmer No. 2932

P. O. Address Maryville 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.