

NOV JAN 25 1941

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

43676

Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds Registration District No. 748
(b) Township Logan Primary Registration District No. 0982 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

Atward Lafayette Lunyon.
(a) Residence, No. 2 Ellington St. 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 married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 1903
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 7 28

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. Lumber Grader
10. Date deceased last worked at this occupation (month and year) April 1940 11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (CITY OR TOWN) Wayne Co (STATE OR COUNTRY) Missouri

FATHER 13. NAME Andy Lunyon

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

MOTHER 15. MAIDEN NAME Mary Smith

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

17. INFORMANT Ethel Lunyon (ADDRESS) Ellington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellington Mo. DATE Nov. 10 1940

19. FUNERAL DIRECTOR (NAME) Lynch & Cross (ADDRESS) Ellington Mo.

20. FILED Dec 9 1940 Essie Evans Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 1940 Death is said

to have occurred on the date stated above, at 8:45 A.M.

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

Pulmonary Tuberculosis Date of onset
No medical attendance since leaving T.B. Hospital at Webb City in August.

Other contributory causes of importance

Name of operation None Date of.....

What test confirmed diagnosis? 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? 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? Y

If so, specify.....

(Signed) Eddie Evans L.P.M.D.

(Address) Ellington Mo.

RECEIVED

District Health Officer No. 5

District File Number 1240/211

Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.