

No. 2
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17-39
X23159

Creasford
7234
State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registrar's No.

FILED MAR 17 1941
Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County, JASPER

(b) City or town, Joplin

(c) Name of hospital or institution: St. John's Hospital 0
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution, 3 days (Specify whether
In this community, 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, JASPER 49

(c) City or town, Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No., 1609 Connecticut
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME, MARTHA LENA LUNDY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1941 hour 7 minute 05 A.M.

4. Sex, Female, race white 5. Color or race _____

6. (a) Single, widowed, married, divorced, Single 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased January 25 1931
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 5, 1941, to March 7, 1941
that I last saw h. or alive on March 7, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>1</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death: Pneumonia
Bilateral lobar 3 wks?!

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation child

Other conditions (include pregnancy within 3 months of death) 108

11. Industry or business _____

MOTHER FATHER

12. Name John B Lundy

13. Birthplace Greene Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elsie M. Leathery

15. Birthplace Unknown California
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John B Lundy

(b) Address 1609 Connecticut, Joplin, Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof March 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Lampson Mortuary

(b) Address 1502 S. Joplin, Joplin, Missouri

372 (Specify type of place)

While at work? _____ (e) Means of injury _____

19. (a) 3-7-41 (b) C. D. James
(Date received local registrar) (Registrar's signature)

23. Signature C. D. James (M. D. or other) 0

Address 804 7th St. Joplin, Mo Date signed 3-7-41

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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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, fact should be so stated above.