DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10782

FILED APR 16 1941

Registration District No. 347 — Primary Registration District No. 3018 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Henry
(c) City or town: Clinton (If outside city or town limits, write "RURAL")
(d) Street No.: R 4 (If rural, give location)
(e) If foreign born, how long in U. S. A.? All Life 0 years.

3. (a) PRINT FULL NAME: Bertie Nancy Lurndell
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov (Month) 17 (Day) 1923 (Year)
8. AGE: Years 17 Months 4 Days 1 If less than one day hr. min.
9. Birthplace: Clinton (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: John Truman Lurndell
13. Birthplace: Clinton (City, town, or county) Mo (State or foreign country) 0
MOTHER 14. Maiden name: Julia Marie Mitchell
15. Birthplace: Clinton (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant's own signature: John Truman Lurndell
(b) Address: Clinton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 20 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Colored Cemetery
18. (a) Signature of funeral director: Spare & Son
(b) Address: Clinton Mo.
19. (a) 3-31-41 (Date received local registrar) (b) Dr. S. R. Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18 year 1941 hour 9.30 minute A. M.
21. I hereby certify that I attended the deceased from 1938 to Mar 18 1941; that I last saw her alive on Mar 18 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, Bronchial
Metastatic Sarcoma of Chest (Mediastinum) — Duration
Due to: Sarcoma of Femur — 1935
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: No
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] M.D. (or other)
Address: Clinton Mo. Date signed: Mar 19 1941

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 — 1 X19511

RECEIVED
District Health Officer No. 7,
District of Columbia 4/21/701
Date Filed 4/15/41

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.