

No. 2
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DEPARTMENT OF COMMERCE **FILED** MAY 15 1949 MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

14706

State File No. 5

Registration District No. 375 Primary Registration District No. 5522 Registrar's No.

1. PLACE OF DEATH:
(a) County Holt, Mo.
(b) City or town New Point
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution
In this community all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt, Mo.
(c) City or town New Point, Mo.
(d) Street No. Rural (Nickerson)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mary Evelyn Lunsford
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month apr day 14
year 1941 hour 6 minutes 20 P.M.
21. I hereby certify that I attended the deceased from apr 14, 1941, to apr 14, 1941;
that I last saw her alive on apr 14, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 20 1934
(Month) (Day) (Year)

Immediate cause of death measles
Duration 6 days

8. AGE: Years 6 Months 10 Days 24
If less than one day hr. min.

Due to complicating broncho pneumonia 48 hours
Due to pneumonia

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

Other conditions (Include pregnancy within 3 months of death) 25

10. Usual occupation
11. Industry or business

Major findings: Of operations Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name John Henry Lunsford
13. Birthplace Forest City Missouri
14. Maiden name Myrtle Mae Bender
15. Birthplace New Point Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John H Lunsford
(b) Address New Point MO

17. (a) Burial (b) Date thereof 4-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
336 (Specify type of place)
While at work (e) Means of injury

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo
19. (a) 4-15-41 (b) Edith A. ...
(Date received local registrar) (Registrar's signature)

23. Signature F E Hogan (M. D. or other) D
Address Mound City Date signed 4-15-41

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

14
80

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 _____

William Campbell

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

William Campbell

Licensed Embalmer No. _____

26 20

P. O. Address _____

Manjville, Pa

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.