Social Security none

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

FILED MAY 14 1941

73

15321
Do not use this space,

1. PLACE OF DEATH
(a) County Lawrence — Registration District No. 612
(b) Township or Van Buren — Primary Registration District No. 4579 — Registered No.
(c) City Wentworth — (d) Street No. / 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jaunita Luney
(a) Residence, No. Wentworth Newton County St. [ ] 0
(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 F — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lilburn Lumey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1912

7. AGE — YEARS 28 — MONTHS 10 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Mo. 0

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

MOTHER
15. MAIDEN NAME Naoma McCary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reeds Springs Mo. 0

17. INFORMANT (ADDRESS) Lilburn Luney Wentworth Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Mo. DATE 4/6/41, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Niemeyer's Pierce City Mo.

20. FILED 4/5 1941 Grace Hudson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/4/41, 19

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1:00PM, 1941, to 5:00PM April 4, 1941
I last saw her alive on April 4, 1941. Death is said to have occurred on the date stated above, at 4:12P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Mar. 30
Hypostatic pneumonia	4/5/41
Anorexia	

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Other contributory causes of importance: Pernicious anemia, anoxemia

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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? 0
If so, specify
(Signed) R. J. Meehan, M.D.
(Address) La Russell, Mo.

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(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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA...

I X16605

RECEIVED
District Health Officer No. 6,
District File Number 541-786
Date Filed MAY 13 1941

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 me

Registered Apprentice No.

working under my personal supervision.

Signed Victor O. Kiemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2
-1-4-41
-17-39
Y26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15321

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

1. PLACE OF DEATH:
(a) County: Lawrence Newton
(b) City or town: Van Buren
(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 ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Newton
(c) City or town: Wentworth
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Juanita Luney
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased ____ (Month) (Day) (Year)

8. AGE: Years: 28 Months: 10 Days: 8 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) (State or foreign country)
10. Usual occupation: This lady died in Newton
11. Industry or business: County. The mistake was made
FATHER 12. Name: by me.
FATHER 13. Birthplace ____ (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ____
MOTHER 15. Birthplace ____ (City, town, or county) (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director: Neemeyer's
(b) Address: Pierce City Mo
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4 year 1941 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
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: R. J. Meehan (M. D. or other) 3
Address: La Russell Mo Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

SPECIMEN

S-15321

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.