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X23159

FILED JUN 16 1941

Registration District No. 341

Primary Registration District No. 4304

Registrar's No. 5

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Ridgeway
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Nathan Lundy

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy Jeffries 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept. 11, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>15</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Stock and grain

12. Name Eli Lundy

13. Birthplace Calvert Co., Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Ann Baker

15. Birthplace Near Chesepeak Bay, Md.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Lundy

(b) Address Ridgeway, Mo

17. (a) Ridgeway, Mo (b) Date thereof 1/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway, Mo

18. (a) Signature of funeral director [Signature]

(b) Address Ridgeway, Mo.

19. (a) 1-27-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Harrison
 (c) City or town Ridgeway
 (If outside city or town limits, write "RURAL")
 (d) Street No. None
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1941 hour 11 minute 40: a.m.

21. I hereby certify that I attended the deceased from Jan. 23-41 to Jan 28, 1941; that I last saw him alive on Jan 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Hemiplegia of Left Side
Chronic Parenchymatous Nephritis
+ old age.

Due to 1218

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

Duration

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 [Signature] Address Ridgeway Mo. Date signed 3-41

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

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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 *J. P. Rogan*

Licensed Embalmer No. *2026*

P. O. Address *Ridgeway*

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

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