

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18590-41

32180

FILLED OCT 16 1941

State File No.

Registration District No. 643-1079

Primary Registration District No. 6274

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Sycamore - Pine Creek  
(If outside city or town limits, write "RURAL" and name of township)  
Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 78 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 077  
(c) City or town Sycamore  
(If outside city or town limits, write "RURAL")  
Pine Creek Township  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1941 hour 5 minute 40 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on day she died 5/23 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart exhaustion  
Duration \_\_\_\_\_

Due to myocarditis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 932

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature PE Bushong (M. D. or other) \_\_\_\_\_  
Address Gainesville Mo Date signed 9/19/41

3. (a) PRINT FULL NAME: Margaret J. Luna  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Max Lon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 5 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 18 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marion County (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Bill Breeding

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Martha Beck

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

16. (a) Informant Lois Hayes  
(b) Address Sycamore Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof May 24 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Patrick Cemetery

18. (a) Signature of funeral director OB McChure  
(b) Address Gainesville Mo  
19. (a) Sept 19/41 (Date received local registrar) (b) Margaret Hutchinson (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 1041-1625

Date Filed OCT 14 1941

S-18598 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.....

....., 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 with the above constitutes grounds for revocation of license.)**

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