

Registration District No. 668

Primary Registration District No. 4401

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 years (Specify whether years, months or days)
In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1941 hour 7 minute 30 P.

I hereby certify that I attended the deceased from May 30, 1941, to Dec 24, 1941,
that I last saw him alive on Dec 23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Arterio-sclerosis.

Due to: Senile Dementia

Other conditions: _____
(Include pregnancy within 8 months of death)

Major findings: _____
Of operations: 91
Of autopsy: _____

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 place)
(e) Means of injury _____
23. Signature: [Signature] (M. D. or _____)
Address: Smithton Mo Date signed: 1/15/42

3. (a) PRINT FULL NAME Dora Alice Lujin

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 Married

6. (b) Name of husband or wife L.M. Lujin 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Oct. 30 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: Jeremiah Bunnell

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

14. Maiden name: Georgia Alexander

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

16. (a) Informant: Mrs. Mason Riley

(b) Address: Sedalia, RFD # 25

17. (a) Burial (b) Date thereof: 12/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Smithton

(a) Signature of funeral director: Gillespie Funeral Home

(b) Address: Sedalia, Mo.

19. (a) 12-27-41 (b) [Signature]
(Date local registrar) (Registrar's signature)

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

0
6
0

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-14-42

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 _____

Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, fact should be so stated above.