

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County Lawrence Vineyard
(b) City or town Rural Bowers Mill Twp
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 55
(a) State Missouri (b) County Lawrence
(c) City or town Rural Bowers Mill Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 21
year 1942 hour 6:30 minute _____ P. M.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13, 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 19 1942 to Jan. 20 1942
and that death occurred on the date and hour stated above.
that I last saw her alive on Jan. 20 1942

8. AGE: Years Months Days If less than one day
10 7 hr. _____ min.

Immediate cause of death Broncho-Pneumonia Duration 2 days
Due to Influenza 5 days

9. Birthplace Lawrence Co., Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 330

11. Industry or business _____
12. Name Laban Stanifer Luney
13. Birthplace Lawrence Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Erble Fly
15. Birthplace Barry Co., Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant L. S. Luney,
(b) Address Stotts City, Mo.
17. (a) Burial (b) Date thereof 1-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caston Cemetery

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? _____

18. (a) Signature of funeral director Callaway
(b) Address Monet mol,
19. (a) 1-21-42 (b) Emice Greene
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. P. Wright (M. D. or other) MD
Address Pierce City, Mo. Date signed 1-21-42

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

55
0
0

1156

RECEIVED

District Health Officer No. 6,

District File Number 242-239

Date Filed FEB 12 1942

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.....

Roy S. Cullaway
.....
Licensed Embalmer No. 2066

P. O. Address Monett 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.