

FILED JAN 30 1941

Registration District No. 638

Primary Registration District No. 5723

Registrar's No. 86

1. PLACE OF DEATH: Madison
 (a) County: Madison
 (b) City or town: Rural-St. Michael Twp.
 (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 _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 62
 (a) State: Missouri (b) County: Madison
 (c) City or town: Rural
 (d) Street No.: R.F.D. #2, Village Creek
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME: Robert Benjamin Lunsford
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec, day 9th, year 1941 hour 2 minute 40 A. M.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Elizabeth Lunsford 6. (c) Age of husband or wife if alive: 66 years
 7. Birth date of deceased: January 15 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1940, to Dec 9, 1941;
 that I last saw him alive on Oct 1, 1941, and that death occurred on the date and hour stated above.
 Immediate cause of death: Apoplexy

8. AGE:	Years	Months	Days	If less than one day
	68	10	24	hr. _____ min. _____

Due to: Arterio Sclerosis and Valvular heart lesions
 Duration: 2y 15m

9. Birthplace: Fredericktown Mo.
 (City, town, or county) (State or foreign country)

Other conditions: _____
 (Include pregnancy within 3 months of death)

10. Usual occupation: Miner

11. Industry or business: Lead Mines

12. Name: Noah Webster Lunsford

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

14. Maiden name: Mary Ann Gross

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

16. (a) Informant: Elizabeth Lunsford (Wife)

(b) Address: (Rural) Fredericktown, Mo.

17. (a) Burial (b) Date thereof: 12-10-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fredericktown, Mo.

18. (a) Signature of funeral director: Stanley H. Bishop
 (b) Address: Fredericktown, Missouri

19. (a) Dec. 10 - 1941 (b) S. A. S. Campbell
 (Date received local registrar) (Registrar's Signature)

Major findings: Of operations: 83a
 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? _____
 (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: 1

23. Signature: W. Henry Pearson (M. D. or other)
 Address: Fredericktown Mo Date signed: 12/9-41

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

62
0
0

10

481

Dr. Baron

RECEIVED

District Health Officer No. 4
District File Number 142-43
Date Filed 1-12-42

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley H. Dixon
Licensed Embalmer No. 4193
P. O. Address Fredericktown, 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.