

7. S. No. 2
DM-9-4-41
ev. 5-17-39

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41468

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 251

Primary Registration District No. 4379

Registrar's No. 192

74
0
0

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Pickering
(If outside city or town limits, write "RURAL" and name of township)
 (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 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Pickering
(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 0

3. (a) PRINT FULL NAME Agnes Ellen Lunte
 (b) If veteran, name war.....
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28
 year 1942 hour 12 minute 30 P.M.

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife C.H. Lunte (c) Age of husband or wife if alive 1871 years
 7. Birth date of deceased: Dec. 24 (Month) 1871 (Day) (Year)

21. I hereby certify that I attended the deceased from June 1941 to June 28, 1942
 that I last saw him alive on June 27, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 4 Days 4
 If less than one day hr. min.

Immediate cause of death Cerebral Occlusion Duration 1 1/2 yrs

9. Birthplace Maryville Mo. 0
(City, town, or county) (State or foreign country)

Due to Hypertension Insured
 Due to 9/40

10. Usual occupation Postmistress

Other conditions 9/40
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name Patrick Scane
 13. Birthplace Ireland (State or foreign country) 4
 14. Maiden name Sarah Bishop
 15. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)

Major findings: Of operations no operations
 Of autopsy no autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Hulda Lunte
 (b) Address Pickering Mo. 0

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) 0

17. (a) burial (b) Date thereof Dec. 30:42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hopkins Cemetery

While at work..... Means of injury.....
 23. Signature Eugene L. Conner (M. D. or other) 12/28/42
 Address Pickering Mo. Date signed 12/28/42

18. (a) Signature of funeral director Price Funeral Home
 (b) Address Maryville Mo
 19. (a) 12-30-42 (b) Man Cole
(Date received local registrar) (Registrar's signature)

1268

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1943

FEB 2 1943

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 Clem M. Price
Licensed Embalmer No. 1822
P. O. Address Maryville, 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.