S. No. 2
I—9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7896

FILED MAR 11 1943

Registration District No. 349 | Primary Registration District No. 6177 | Registrar's No. 349

105
0
0

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Buchanan Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Near Green City 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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Mo (b) County Sullivan 0

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Near Green City (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Melissa Jane Lunsford

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 2

6. (b) Name of husband or wife Hiram

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov (Month) 12 (Day) 1860 (Year)

8. AGE: Years 82 | Months 3 | Days 2 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm Dixon
13. Birthplace Green Co Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Permelia Bradshaw
15. Birthplace 1 (City, town, or county) (State or foreign country)

16. (a) Informant Goldie Lunsford

(b) Address Green City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Renville Ce

18. (a) Signature of funeral director Glenn E Fent & Son

(b) Address Green City Mo

19. (a) 3-1-43 (Date received local registrar) (b) Vinnie Davidson Dept (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Dec 30, 1942 to Feb 14, 1943 that I last saw her alive on Feb 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular disease of the heart & Brights disease of Kidneys

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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)

While at work? (e) Means of injury

23. Signature W Herrington MD (M. D. or other)

Address Green City Mo Date signed 2-15-43

1213

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-249
Date Filed [redacted] 8 1943

MAR 8 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: Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.