. S. No. 2
M—9-4-41
ev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 128

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. R. Glynn
Dr. Callaway

State File No. 10252

Registrar's No. 255

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 634 W. Calhoun
(If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Henry Lulai

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Victoria J. Lulai

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

7. Birth date of deceased November (Month) 24 (Day) 1875 (Year)

8. AGE: Years 67 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Randolph County (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Frisco Coach Painter

FATHER
12. Name Leonard K. Lulai
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name (Unknown) Terbrache
15. Birthplace Unknown (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mrs. Gene Presley
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 4-1-43 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1943 hour 2 minute 30 p.m.

21. I hereby certify that I attended the deceased from March 18, 1943, to March 30, 1943 that I last saw him alive on 3/30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2d
Due to	
Due to	
Other conditions Preceded by pleurisy (Include pregnancy within 3 months of death) rt. chest 10 d. before death.	
Major findings: Of operations Had subsided when Coronary Thromb. occurred	
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? (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 0

23. Signature Guy D Callaway (M. D. or other) MD

Address Springfield Mo Date signed 4/1/43

984

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.