

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14008

1. PLACE OF DEATH

County Chariton
Township Keytesville
City (No., St. Ward)

Registration District No. 64
Primary Registration District No. 5745

File No.
Registered No. 26

2. FULL NAME George Lunds

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Do not know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate of Co Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Howard Lucas (ADDRESS) Keytesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE On Co. Farm DATE 4/21/43 19

19. UNDERTAKER S. L. Guipard (ADDRESS) Keytesville Mo

20. FILED 4/21/43, 19 RA Lunds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/21/43, 19

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1943, to April 20, 1943. I last saw him... alive on April 20, 1943. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

(3) Third degree Burn
trauma caught fire from
Smoking
Other contributory causes of importance: Senility 18/15

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, yes, or homicide..... Date of injury March 28, 1943

Where did injury occur? Leg. Court Infirmary (Specify whether injury occurred in industry, in home, or in public place.)

Manner of injury 3rd degree Burn
Nature of injury leg.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) J. L. Guipard OR RA Lunds
(Address) Keytesville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1000 I X704

Embalmer No. 3

License Number

~~4-21-43~~

5-6-43

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

The body whose name is recorded on the reverse side of this - Registered - Apprentice
working under my personal supervision No

certificate was not embalmed

Signed

J. L. Geisner

Licensed Embalmer No

3970

P O Address

Menard MO