S. No. 2
—9-4-41
5-17-39
I X29

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3835

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 50

1. PLACE OF DEATH:

(a) County IRON
(b) City or town IRONTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARYS OF THE OZARKS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WAYNE
(c) City or town PIEDMONT
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME BESS MORRIS LUNA

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 MARRIED

6. (b) Name of husband or wife AUSTIN M. LUNA 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased DEC (Month) 17 (Day) 1885 (Year)

8. AGE: Years 57 Months 11 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace PIEDMONT, (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

FATHER
12. Name WILLIAM MORRIS
13. Birthplace MO. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name LAURA BROWN
15. Birthplace MO (City, town, or county) MO. (State or foreign country)

16. (a) Informant AUSTIN M. LUNA
(b) Address PIEDMONT MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation MASONIC CEM PIEDMONT MO.

18. (a) Signature of funeral director Roman W. Gist
(b) Address Piedmont

19. (a) Dec 4-1943 (Date received local registrar) (b) Mrs. C. C. Van Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 20 year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from nov 18th 1943 to nov. 20th 1943 that I last saw her alive on nov. 19th 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Bronchial Pneumonia (Left)	11/19/43
Due to Cerebral Hemorrhage (Stroke)	11/17/43
Due to (1) Hypertensive Heart Disease (2) Chronic nephritis?	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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 .....

23. Signature R. E. Harland (M.D. or other) M.D.
Address Ironton, Mo. Date signed 11/30/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1243-2961

Date Filed 12-6-43

JAN 12 1959

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 me, Registered Apprentice No. working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3382

P. O. Address Redmond Me

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.