

FILED FEB 14 1944 264

Registration District No. 264

Primary Registration District No. 4395

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Gainesville
(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 69 years
(Specify whether years, months or days)

In this community 69 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Gainesville
(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 _____

3. (a) PRINT FULL NAME Tesley Jones Luna

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1944 hour 8 minute 21 A.M.

21. I hereby certify that I attended the deceased from Apr. 20-1930
to Jan. 6 1944
that I last saw him alive on Jan. 6
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Anna Luna 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 12 1875
(Month) (Day) (Year)

Immediate cause of death Gastric Ulcer Duration 6 days

8. AGE: Years 69 Months 1 Days 24 If less than one day _____ hr. _____ min.

Due to Gastric Ulcer - from Apr 20-1930 to Jan. 6, 1944

9. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Attorney

Other conditions (Include pregnancy within 3 months of death) 117a

11. Industry or business _____

Major findings: Of operations _____

12. Name William W. Luna

Of autopsy _____

13. Birthplace Marshall Co. Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Patrick

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. E. Williams

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gainesville Cem.

18. (a) Signature of funeral director Chickenshead Jun

(b) Address Gainesville, Mo.

19. (a) 1-8-44 (b) Margaret Hutchison
(Date received local registrar) (Registrar's signature)

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) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. E. Pace (M. D. or other) _____

Address Gainesville, Mo Date signed 1/8/44

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

1008

RECEIVED

District Health Officer No. 6,

District File Number 244-156

Date Filed FEB 11 1944

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.....

Licensed Embalmer No. 3781

P. O. Address Gainesville 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.