

FILED MAR 18 1944

Registration District No. 64

Primary Registration District No. 5098 5894

1. PLACE OF DEATH: Ozark  
 (a) County  
 (b) City or town Rural - Pine Creek *Miss*  
 (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. 52 years  
 In this community 52 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri  
 (b) County Ozark  
 (c) City or town Rural  
 (d) Street No.  
 (e) Citizen of foreign country? NO  
 If yes, name country

3. (a) PRINT FULL NAME Martha Jane Luna

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

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

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

7. Birth date of deceased December 18 1867 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	1	15	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Claise (City, town, or county) (State or foreign country)

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

16. (a) Informant Essie Crawford (b) Address Mammoth Missouri

17. (a) Burial (b) Date thereof 2-4-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patrick Cemetery

18. (a) Signature of funeral director Chickingbeard (b) Address Gainesville, Mo

19. (a) 2-8-44 (b) Margaret Hutchinson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 3<sup>rd</sup> day 1944 year hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 24 1943 to Feb 3 1944 that I last saw him alive on Feb 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypoplegia Left Side 3 day (Cerebral Hemorrhage) Due to Arterial Hypertension 15 yr

Other conditions: (Include pregnancy within 3 months of death) gzk

Major findings: Of operations Of autopsy

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?

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

23. Signature M. J. Hoerwarth (M. D. or other) Address Gainesville, Mo Date signed 2/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

77  
00

1608

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6

District File Number 344-347

Date Filed MAR 16 1944

*This body was not embalmed, by request of the  
family.  
W B Hutchins*

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.....

P. O. Address.....

**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.