

FILED OCT 13 1944

State File No. _____

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Bretton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Near Mineral Point Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Mineral Point Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ellis C. Lunham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 11 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 17 If less than one day hr. _____ min. _____

9. Birthplace St. Francis Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Steel worker

11. Industry or business _____

12. Name John Lunham

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

14. Maiden name William

15. Birthplace St. Francis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Lunham

(b) Address Mineral Point Mo.

17. (a) Burial (b) Date thereof 8-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pond Creek

18. (a) Signature of funeral director C. L. Sparks

(b) Address Polari Mo.

19. (a) 8-30-44 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1944 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 23 to Aug 28 1944
that I last saw him alive on Aug 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Intoxication following Bronchial Pneumonia

Due to Following Summer Flu
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy 330

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. F. Creswell (M. D. or other) 8/28/44

Address Polari Mo. Date signed _____

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

RECEIVED

District Health Officer No. Y

District File Number 1044-4452

Date Filed 10-11-44

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

working under my personal supervision.

Registered Apprentice No. _____

Signed

Licensed Embalmer No. 4287

P. O. Address Flat River

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.