

FILED JUN 14 1945

Registration District No. _____

Primary Registration District No. **5886**

Registrar's No. **22**

1. PLACE OF DEATH:
 (a) County **Ozark**
 (b) City or town **Rural-Jackson Twp**
(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 **72 yrs**
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Ozark**
 (c) City or town **Brixey-rural**
(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 **Bluford Luna**

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

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

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

7. Birth date of deceased **March 21 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **1** Days **14** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **Farming**

12. Name **John T. Luna**

13. Birthplace _____ **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Martina Ann Burchell**

15. Birthplace _____ **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Effie Luna**

(b) Address **Harrisonville Mo**

17. (a) **Burial** (b) Date thereof **May 8 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Souder Cemetery**

18. (a) Signature of funeral director **Clinkingbeard Fn. Home**

(b) Address **Gainesville, Missouri**

19. (a) **5-7-45** (b) **Margaret Hutchison**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
 year **1945** hour **11** minute _____ A. M.

21. I hereby certify that I attended the deceased from **April 15 1945** to **May 4th 1945**
 that I last saw him alive on **April 15 1945**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary thrombosis

Due to **High blood pressure of 6 or 7 years standing**

Due to **Thickening of arterial walls**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **no**

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) (c) Means of injury

23. Signature **P. E. Bushong** (M. D. or other) _____

Address **Gainesville Mo.** Date signed **5-7-45**

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

17000

RECEIVED

District Health Officer No. 6,

District File Number 645-702

Date Filed

JUN 12 1945

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..... *W.B. Hutchinson*

Licensed Embalmer No. *3431*

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.