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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1945

State File No. 24376

Registration District No. 176 Primary Registration District No. 4278 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Native for 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Miller R.R.
(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 Axel Julius Lundstrum

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

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

6. (b) Name of ~~husband or~~ wife Deceased

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

7. Birth date of deceased 8 (Month) — 15 (Day) — 1862 (Year)

8. AGE: Years 82 | Months 8 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Sweeden 4
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Retired Furniture Dealer

FATHER
12. Name John Lundstrum
13. Birthplace Sweeden 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kisa Lea
15. Birthplace Sweeden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess Martin
(b) Address Miller Mo. R.R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Maple Park Sp. Fd. Mo.

18. (a) Signature of funeral director Morris Lemon
(b) Address Miller Mo.

19. (a) 7-9-45 (Date received local registrar) (b) Anna Whitney (Registrar's signature)

1182

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9
year 1945 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from June 5 1945 to 6-9 1945
that I last saw him alive on 6-8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. S. Burney (M. D. or other)

Address Miller Mo. Date signed 6-12-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 245-798
Date Filed JUL 24 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 E. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.