S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1946

State File No. 29913

Registration District No. 100 Primary Registration District No. 5391 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Dent

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Rhyse
(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 Albert Lunn

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased March 10, 1883 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Gus Lunn
13. Birthplace Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Virgil D. Lunn
(b) Address Rhyse, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Herman Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Salem, Missouri

19. (a) 9-21-46 (Date received local registrar) (b) M. M. Hart, M. D. by MGH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1946 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 12, 1945 to Sept 17, 1946 that I last saw him alive on Sept 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to Rheumatism

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 H. G. Dillon (M. D. or other)

Address Salem MO Date signed 9-21-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 104657
Date Filed 10-7-46

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.