

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9937

State File No. _____

FILED APR 15 1947
Registration District No. _____

Primary Registration District No. 5749

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 76 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 12 mi. N.W. of Fredericktown
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Lane Lunsford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1947 hour 8:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to April, 1947
that I last saw him alive on Mar. 24, 1947
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mary Lunsford 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: Feb. 28, 1871
(Month) (Day) (Year)

Immediate cause of death Heart Failure

Due to Lung, Bronch and Cold

Due to _____

8. AGE: Years Months Days If less than one day

76 1 3 hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy none

9. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Noah Webster Lunsford

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

14. Maiden name Mary Ann Gross

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Lunsford

(b) Address Fredericktown, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

17. (a) Burial (b) Date thereof 4/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

While at work? no (Specify type of place)

(e) Means of injury none

18. (a) Signature of funeral director Webb-Adams

(b) Address Fredericktown, Mo.

19. (a) 4-11-1947 (b) Perence Vicks
(Date received local registrar) (Registrar's signature)

23. Signature M. B. Barber (M. D. or other) MD

Address Fredericktown, Mo. Date signed 4/11/47

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

REIVED

Health Officer No. 4
File Number 447-52
dated 4-14-42

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 Robert Adams

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.