

FILED JUL 24 1947

Registration District No. 264

Primary Registration District No. 4395

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Gainesville
(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.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Gainesville
(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 Beulah Luna

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

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

6. (b) Name of husband or wife Rufus Luna 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 25 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 17 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George McDonald
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Julia Farley
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Luna
(b) Address Gainesville, Mo.

17. (a) Burial Gainesville Cemetery
(Burial, cremation, or removal) (b) Date thereof 6-14-47
(Month) (Day) (Year)

(c) Place: burial or cremation Gainesville Cemetery

18. (a) Signature of funeral director Cliffingbeard Fun. Home

(b) Address Gainesville Mo.

19. (a) June 13, 1947 (b) Paula Trump
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour 11 minute 30P M.

21. I hereby certify that I attended the deceased from June 11, 1947
that I last saw her alive on June 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 45 min

Due to Arterial Hypertension 4 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? 2

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Horan (M. D. or other) DD

Address Gainesville, Mo. Date July 13, 47

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

RECEIVED
District Health Officer No. 6
District File Number 747-736
Date Filed JUN 21 1947

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. Hutchison
Licensed Embalmer No. 3481
P. O. Address Gannett m

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.