

FILED SEP 22 1947

Registration District No. _____

Primary Registration District No. 5983

Registrar's No. 109

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Waynesville (Cullen T.S.)
(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 _____
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Pulaski 85
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clifford Oren Lundstrom Jr.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 13
 year 1947 hour 10 minute 10 A M.
 21. I hereby certify that I attended the deceased from May 15
1947 to Aug 13 1947;
 that I last saw him alive on Aug 12 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 19, 1938
(Month) (Day) (Year)

Immediate cause of death Acute lymphatic leukemia 3 mo
 Duration
 Due to _____
 Due to _____
 Other conditions none
(Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
9 1 16 hr. min.
 9. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 74A
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation _____
 11. Industry or business _____
 12. Name Clifford Lundstrom Sr.
 13. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Sylvia Gladden
 15. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

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)
 (e) Means of injury ?

16. (a) Informant Clifford Lundstrom
 (b) Address Waynesville, Mo.
 17. (a) burial (b) Date thereof 8/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Iduma Cem.
 18. (a) Signature of funeral director J. L. HOOPS & SONS
Crocker, Mo.
 (b) Address _____
 19. (a) Aug. 26, 1947 (b) Thelma C. Crocker
(Date received local registrar) (Registrar's signature) 5983

23. Signature Paul C. Roach (M. D. number) _____
 Address Richland, Missouri Date signed 8/21/47

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

SEP 4 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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Wayneville, 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.