

FILED JAN 21 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(c) Name of hospital or institution: State Hospital No 3 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 513 E. Hickory  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME GEORGE-DELBERT-LUNDY

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

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Mary Isabella Lundy 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 9 1890  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 6 If less than one day — hr. — min.

9. Birthplace Harrison County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation f. Painter

11. Industry or business none

12. Name Philander Lundy

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

14. Maiden name Sarah Lundy

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

16. (a) Informant Records State Hosp 3

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 1-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Henry T. Stone

(b) Address Nevada Mo

19. (a) 1-16-48 (b) Waltham Yancy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1948 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan 8 1948 to Jan 15 1948 that I last saw him alive on Jan 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Heart Disease  
Due to Senility  
Other conditions (Include pregnancy within 3 months of death) Senility

Major findings: Of operations no operation  
Of autopsy no autopsy

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?

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

23. Signature Paul L. Baras (M. D. or other)  
Address State Hosp 3 Date signed Jan 15

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

08

MAR 4 1948

RECEIVED  
District Health Officer No. 7,  
District File No. 12-47-2046  
Date Filed 1-20-48

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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Mike E. Ferry

Licensed Embalmer No. 432

P. O. Address Nevada 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, above space should be left blank.