

FILED JUN 27 1946

Registration District No. 2

Primary Registration District No. 6024

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Rural
(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 Lucy BELL YANGUNDY

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, widowed

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

7. Birth date of deceased Dec 17 1866
(Month) (Day) (Year)

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

79 4 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Huzzel

13. Birthplace Bates County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Ward

15. Birthplace Bates County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Van Gundy
(b) Address Lauson Mo

17. (a) Burial (b) Date thereof May 16 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lauson Cemetery

18. (a) Signature of funeral director Jerman - Prichard
(b) Address Lauson Mo

19. (a) 5-15-46 (b) Mrs. Raymond Stone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1946 hour 7 minute 5 P.M.

21. I hereby certify that I attended the deceased from May 1 1946 to May 14 1946
that I last saw her alive on May 14 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Edema & Cardiac Failure 2 days
Cerebral Arteriosclerosis

Due to Senility

Duration

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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 _____

23. Signature Arthur Buchner (M-D or other) _____
Address Lauson Date signed 5-15-46

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

16630

89

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-5-76

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..... *J. L. White*

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs

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.