

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **566**

Primary Registration District No. **1694**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County **McDonald**  
 (b) City or town **Rural McMillian Twp.**  
(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 **64 Years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **McDonald**  
 (c) City or town **Anderson, R.F.D. 1**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** **Mary Jane Tunnell** **540**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Samuel W. Tunnell** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **February 22, 1864**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH, Month **5** day **21**  
 year **1940** hour **6:00** minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **May 17, 1940** to **May 21, 1940**  
 that I last saw her alive on **May 17, 1940** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>2</b>	<b>29</b>	hr. _____ min. _____

Immediate cause of death  
**Myocardial Stenosis with Chronic Bronchitis**  
 Due to \_\_\_\_\_  
 Due to **926**  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Indianapolis** **Indiana**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **House Work**  
 11. Industry or business **Home**  
 12. Name **Andrew York**  
 13. Birthplace **Butler County** **Ohio**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Martha Anack**  
 15. Birthplace **Franklin County** **Indiana**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Albert York**  
 (b) Address **Pineville, Missouri**  
 17. (a) **Burial** (b) Date thereof **May 22, 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: **Anderson Missouri**  
 18. (a) Signature of funeral director **M.H. Snow + TATUM, J.H.**  
 (b) Address **Anderson, Mo.**  
 19. (a) \_\_\_\_\_ (b) **Mrs Lee Harper**  
(Data received local registrar) (Registrar's signature)

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? **463**  
(Specify type of place) (Specify type of injury)  
 23. Signature **W.H. Harper** (M. D. or other) \_\_\_\_\_  
 Address **Remondelle** Date signed **5-22-40**

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

RECEIVED

District Health Officer No. 6,

District File-Number 740-1479

Date Filed JUL 02 1940

JUL 02 1940

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.....

Licensed Embalmer No. 4034

P. O. Address Anderson, 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.