S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30220

State File No.

Registration District No. 98 Primary Registration District No. 5357 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town near Pattonsburg Benton twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Benton Twp 1
(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) traveling

2. USUAL RESIDENCE OF DECEASED:

(a) State Minn (b) County Hennepin 999

(c) City or town Minneapolis ~~Minn~~ 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1622 E 32nd St. 0
(If rural, give location)

(e) Citizen of foreign country? ~~(Yes or~~ No) 2

If yes, name country

3. (a) PRINT FULL NAME Alice Rundhaug

3. (b) If veteran, name war

3. (c) Social Security No. X

4. Sex Female

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 Aug (Month) 2 (Day) 1927 (Year)

8. AGE: Years 15 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation

11. Industry or business High School Student

FATHER
12. Name Grant Milo Rundhaug
13. Birthplace (City, town, or county) Wis. 1 (State or foreign country)

MOTHER
14. Maiden name Christene M. Engelstad
15. Birthplace Fertile (City, town, or county) Minn. 1 (State or foreign country)

16. (a) Informant Joel G. Engelstad
(b) Address Kasson Minn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 7 (Day) 42 (Year)
(c) Place: burial ~~or cremation~~ Northfield Minn

18. (a) Signature of funeral director G S Gramer
(b) Address Pattonsburg Mo

19. (a) 9-3-1942 (Date received local registrar) (b) L. C. Richesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1942 hour 8:50 minute a. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull. Left Frontal bone Right Table of Skull.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 031

(b) Date of occurrence Sept 2 1942

(c) Where did injury occur? Pattonsburg (City or town) Davies (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 15 mi. North of Pattonsburg Mo - On Hwy 69.
(Specify type of place)

While at work? (e) Means of injury auto rough

23. Signature F. B. Barley - Coroner of Davies Co (~~M. D.~~ or other) 00

Address Jamesport Mo Date signed 9-2-42

1084 (Licensed Embalmer's Statement on Reverse Side)

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.