No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

20977

State File No.

Registration District No. FILED JUL 10 1944

Primary Registration District No. 3000

Registrar's No. 165

**1. PLACE OF DEATH:**

(a) County Cedar Co

(b) City or town Kirksville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim Smith 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 54 days (Specify whether
In this community 54 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Scotland

(c) City or town Rural 99
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Freddie Forrest Pundt

3. (b) If veteran, name war

3. (c) Social Security No. 485-18-1977

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Pundt

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Mar (Month) 8 (Day) 1907 (Year)

8. AGE: Years 37 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Farmer (City, town, or county) Scotland Co Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Carl Pundt
13. Birthplace Scotland Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Minnie Hopps
15. Birthplace Scotland County (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Nellie Pundt

(b) Address Cantril, Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Emma G Wellborn

(b) Address Cantril, Ia

19. (a) 7/2/44 (Date received local registrar) (b) Mrs. J. L. Daguer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 2nd year 1944 hour 7 minute 20 P M.

21. I hereby certify that I attended the deceased from March 10th, 1944, to July 2, 1944 that I last saw him alive on July 2, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Septicemia + Empyema | 30 days |
| Due to Liver Abscess | 2 mo |
| Due to Ruptured appendix | 4 mo ago |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations Ruptured retrocecal appendix
Of autopsy

12/11

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George E. Grim (M. D. or other) MD

Address Kirksville, Missouri Date signed 7-2-44

15

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-44-1226
Date Filed JUL 7 1944

## 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 E. G. Wellborn, Registered Apprentice No. ..... working under my personal supervision.

Signed E. G. Wellborn

Licensed Embalmer No. 3465

P. O. Address Central Ia

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**