S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

30395

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 7

Primary Registration District No. 5001

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Adair Co

(b) City or town Rural Clay
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

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

(d) Street No. Near Greentop Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Seigles Munden

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 W.

6. (b) Name of husband or wife James Munden

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

7. Birth date of deceased 2 (Month) 10 (Day) 1862 (Year)

8. AGE: Years 82 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Marion Munden
13. Birthplace Osage Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Miller
15. Birthplace Adair Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant M. P. Munden.
(b) Address Greentop Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 6 (Day) 1944 (Year)
(c) Place: burial or cremation New Harmony

18. (a) Signature of funeral director Glenn E. Kent & Son
(b) Address Green City Mo.

19. (a) 9-20-44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4 year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 9-2-44, 19, to time of death, 19; that I last saw her alive on 9-2-44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of old age

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.

162b

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 C. H. Van Oosdal D.O. (M. D. or other)

Address Greentop, Mo Date signed 9-16-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-44-1204
Date Filed OCT 10 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Glenn E Kent

Licensed Embalmer No. 1769

P. O. Address Green City 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.