V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30266

State File No.

FILED OCT 9 1945

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 298

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-18-43 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pike 14
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Etha Anna Mundt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
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 Not given (Month) (Day) (Year)
8. AGE: Years 78? Months Days If less than one day hr. min.
9. Birthplace MO (City, town, or county) (State or foreign country)
10. Usual occupation W/C
11. Industry or business
FATHER 12. Name Not given
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Not given
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Records
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green, Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton, Mo
19. (a) 9-18-1945 (Date received local registrar) (b) Jodie Marquis Reg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18 year 1945 hour 6 minute a.m.
21. I hereby certify that I attended the deceased from 8-18- 1943, to 9-18- 1945, that I last saw h alive on 9-17- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 9 32

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)
(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 J. E. Shumwell (M. D. or other)
Address Fulton Mo Date signed 9/18/45

11401

(Licensed Embalmer: Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-8-45

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.